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ABSTRACT

The state of Washington implemented the Readiness to Learn program as part of the state's Family Policy Initiative. The primary goal of the program is to serve as a formal link between education and human services by authorizing grants to local school-linked, community-based consortia to develop and implement strategies that ensure children arrive at school ready to learn. This report presents summary descriptions of 34 local programs statewide. Each summary description is organized similarly and includes a brief program description, information on consortium and collaborative agreements, descriptions of services to children and families, details on the outcomes for children and families, statistics on characteristics of program participants, and examples of program successes. (KB)

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Readiness To Learn

Evaluation Report

Volume 2
Program Summaries

PS 029321

Dr. Terry Bergeson
State Superintendent of
Public Instruction

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This evaluation was conducted by RMC Research Corporation, Portland, Oregon. The report was prepared by Eric Einspruch, Ph.D.; Dennis Deck, Ph.D.; Jane Grover, M.S.; and Karen Hahn, M.A.

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Washington State Readiness to Learn

School-Linked Models for Integrated Family Services

Evaluation Report (1998–99)

Volume 2

Program Summaries

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Contents

1. Connections (Vashon Island School District) 1
3. Family Learning Center (Camas School District) 6
5. Greater Yakima Partnership for Children and Families (ESD 105) 10
6. Greater Pierce County Consortium for Children and Families (Puget Sound ESD) 14
7. Kennewick Advantage (Kennewick School District) 18
8. KIDS First (Renton School District) 22
10. Bridge Program (La Conner School District) 27
11. Family Community Services Network (Lynden School District) 31
12. Mason County Communities in Schools (Shelton School District) 34
13. Mid-Valley Providers' Consortium (Toppenish School District) 39
14. North Chelan–Douglas County Consortium of School Districts (Lake Chelan School District) 44
15. Nooksack Valley Family Services (Nooksack Valley School District) 48
16. Family Empowerment Project (Okanogan School District) 51
17. Project LOOK: Learning Outreach Organization for Kids (Highline School District) 56
18. Quillayute Valley Consortium (Quillayute Valley School District) 61
19. Seattle Readiness to Learn (Seattle Public Schools) 67
20. South Chelan–Douglas County (North Central ESD) 72
21. Stevens County Readiness to Learn (ESD 101) 77
22. Success Through School Attendance (ESD 113) 83
23. Walla Walla County Readiness to Learn (ESD 123) 88
24. Washington Alliance (Everett, Edmonds, Northshore, and Shoreline School Districts) 92
25. West Valley Readiness to Learn (West Valley School District) 96
26. Whidbey Island Readiness to Learn (South Whidbey School District) 101
27. Bellingham Family Information Centers (Bellingham School District) 104
28. Blaine Family Service Center (Blaine School District) 107
29. Family Empowerment Project (Ephrata School District) 110

30. Granite Falls Family Services (Granite Falls School District) 114

31. BOOTS (Hood Canal School District) 117

32. Lopez Family Resource Center (Lopez Island School District)..................................122

33. Orcas Island Children's House Family Resources (Orcas Island School District) 126

34. Shaw Middle School Community School Program
(Spokane School District)...131

Connections

Vashon Island School District

1993 Grantee
$60,000 in 1998–99

Introduction

Connections is a collaborative community and school mentorship and family support Readiness to Learn program that fosters the academic and emotional success of at-risk children by providing safe, nurturing relationships and access to support resources. The program uses the strengths of the Vashon Island community—active volunteerism and community alliance—to address its weaknesses: lack of school success and isolation from regional services for at-risk students and families. Connections is the only community program on the small, isolated island that uses a systemic approach to increasing the school success of at-risk children. The program is based on resiliency research that emphasizes the value of providing caring, supportive relationships; high expectations of success; and opportunities to participate in safe and meaningful community activities.

Connections has two major components: a mentoring program for at-risk students and a family support system. The mentoring program identifies at-risk children from kindergarten through Grade 12 and matches them with community volunteer mentors. The carefully screened community mentors, who range in age from 16 to 88, meet on a regular basis with their assigned students. Intergenerational mentoring is encouraged—retired professionals mentor high school students, teens mentor elementary school students, and families mentor young parents. Mentors receive training and ongoing support from Connections staff. In 1998–99 the mentorship coordinator developed and implemented a fully accredited high school course for students to learn to mentor elementary students and explore the possibilities of child-focused careers. The program also helps the families of children referred to Connections access support and services. With the help of the family support workers, families identify their needs and access social services. The program's family support component emphasizes parent education and other activities that promote school success and family well-being.

Consortium and Collaborative Agreements

The Vashon Island Coalition for Children, Youth, and Families wrote the first successful grant application for the Connections program in 1993. Key members of the coalition, which includes 20 partners, are Vashon Island School District, Vashon Island Youth and Family Services, the King County Public Health Department, the YMCA, the Vashon Parks District, the King County Library, Vashon Allied Arts, the Vashon Community Council Social Services Committee, the Kiwanis of Vashon, and Washington Mutual Bank. Coalition members share referrals, facilities, and equipment and participate in planning coalition activities. During quarterly meetings, members engage in collaborative planning to meet the needs of Vashon Island children and families and eliminate service duplication. Coalition members also collaborate on grant writing and other fundraising efforts. Outcomes of the collaborative planning efforts include before- and after-school day care, a summer literacy program for elementary school children, the establishment of a family resource center at the elementary school, and a task force on housing for homeless teens. Connections staff took the lead in establishing an after-school academic support program at the high school; a study support and recreation program at the middle school; and Homework Heroes, a homework assistance program for fifth graders. The YMCA and Vashon Parks District now run the middle after-school programs.

In spring 1998 Connections staff and the coalition developed a twofold plan to foster systems change among Vashon Island service providers. The Youth Activities Forum, which includes representatives of programs and agencies that serve young people, will meet quarterly to promote contact and cooperative planning among agencies, resulting in the increased blending of funds. The second component of the plan involves improving coordination among three existing community committees. The Vashon Island Coalition for Children, Youth, and Families; the VIP Network; and the Social Services Committee of the Community Council previously held separate monthly meetings. These three groups will now gather quarterly for half-day, public meetings to establish trust, understanding, and appreciation for each other's roles in improving opportunities for youth and to reduce the duplication of services.

Services to Children and Families

Children and families may be referred to Connections by any concerned individual in the community, but in 1998–99 most (45 percent) referred themselves. Vashon Island School District teachers, counselors, and other school staff also provided many referrals (31 percent, 15 percent, and 5 percent, respectively). The family support worker facilitates access to services, but families identify and prioritize their needs and make decisions about which service providers will best meet their needs.

Any Vashon Island resident who has a desire to be a positive role model for a child is welcome to apply to Connections to become a mentor. Mentors are carefully screened and then matched one-to-one with students based on the strengths and interests of the mentors and the needs of the students. Mentors may meet their students in either the school or a community setting and provide reading assistance, homework support, vocational assistance, and recreational activities for the students.

Connections also provides the following services to children and families:

- Referrals to before- and after-school child care and safe summer activities for children at the elementary school level.
- A collaborative summer literacy program for elementary school students with reading deficits.
- Homework and tutorial support for high school students.
- Family support through home visits and telephone contacts.
- Access to the family support worker for referrals to needed services.
- Advocacy for families and students for school, legal, or social services.
- Parenting classes, including transportation and child care.
- Transportation to and from needed social services.

Participating Families[1]	
1995–96	99
1996–97	88
1997–98	136
1998–99	108

Areas of Service to Families[2]	
Basic needs	16%
Child education	62%
Family functioning or mental health	19%
Parent involvement	24%
Physical health	6%
Vocational education or employment services	31%

Reasons Children Referred[2,3]	
School problems	90%
Family issues	29%
Physical health needs	2%
Mental health needs	9%
Other	59%

Grade Level[2]	
Preschool	0%
K–5	49%
6–8	9%
9–12	42%

Family Characteristics[2]	
Two parent	55%
Single parent	33%
Other	12%

Number of Days Child Was Served[2]	
Less than 6	3%
6 to 20	64%
More than 20	33%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

Outcomes for Children and Families

Connections served 108 families, including 99 children, during the 1998–99 school year. Over half (55 percent) of the households had two parents. A family support worker provided intensive support to nearly all of the children and families they served. Sixty-four percent of the families were contacted by the family support worker between six and 20 times. Forty-nine percent of the children served were in kindergarten through Grade 5, 9 percent were in Grades 6–8, and 42 percent were in Grades 9–12. Primary reasons for referral to Connections were school problems (90 percent), interest in the mentoring class (59 percent), and family issues (25 percent).

Sixty-two percent of the families participated in education-related activities. Specifically, 43 percent of families participated in after-school and evening activities, 40 percent participated in adult or peer mentoring programs, students in 31 percent of the families participated in vocational education (mentoring) classes, 29 percent of the families received school supplies, and 24 percent participated in student advocacy services. About one-fourth (24 percent) of all families also utilized Connections' parental involvement services. Most of these families (18 percent) attended parenting education classes. Services in the area of family functioning or mental health were received by 19 percent of the families. Fourteen percent of the families participated in parent counseling and children in 8 percent of the families were referred to counseling. Some families also received assistance with basic needs, such as transportation (8 percent). In addition, seven families (totaling 27 people) benefited from well-stocked holiday baskets that Connections staff designed specifically for each family based on their needs. Staff plan to continue working with about one-third (37 percent) of the families served in 1998–99.

Success Stories

Allen was not attending school regularly. He had failed Grade 6 and his home life was chaotic and stressful. Allen's mother had recently returned to work and was struggling to recover from two past abusive relationships. An older brother was recovering from drug addiction and a younger sister required lots of attention. The family often argued and Allen felt overwhelmed. Allen's mother called Connections for help improving his school attendance. That call started a chain of supportive events that are helping Allen mature and learn. He participated in anger management sessions and has begun counseling. Allen went to court to deal with the truancy issue and receives tutoring twice a week. In addition, Allen enrolled in a drama class and began playing on a sports team. His mother communicates regularly with Connections staff and the school. Allen's attendance has improved dramatically and he is completing more homework assignments. He did very well in a drama production and felt successful.

Connections staff reported outcomes related to program participation—primarily in the areas of children's education, parental involvement, and family functioning or mental health—for the 108 families they served. Staff reported that 87 percent of all families achieved outcomes related to their children's education. Specifically, 74 percent of families became involved in positive activities, 34 percent improved their educational plans, 31 percent improved their academic skills, and high school students in 31 percent of the families gained work experience and improved their employment skills through the vocational education (mentoring) class. Parents in 19 percent of the families improved their parenting skills, 19 percent improved their responses to their children, and 6 percent increased their school involvement. Staff reported outcomes for 20 families in the family functioning or mental health domain. Most of these outcomes were improved social supports (15 percent of the families), fewer signs of depression (14 percent), improved coping skills (12 percent), and improved communication with service providers (11 percent).

Complete teacher ratings were submitted for 20 elementary school students who were new to Connections during the 1998–99 school year. Teacher ratings indicated a large overall net gain in academic performance for these students—75 percent of the students showed some improvement. Teachers rated 40 percent as having improved their school behavior and 15 percent as having improved their school attendance after receiving Connections services. Teachers indicated little improvement in parent involvement in these children's education. Complete GPA data were submitted for 34 middle and high school students. No average gain in GPA scores was achieved, but 44 percent of the students showed some improvement. Among elementary, middle, and high school students with complete school attendance data, 46 improve their attendance.

Connections staff also served an estimated 553 participants in 29 group activities during the 1998–99 school year. These efforts included 11 informational sessions, four recreational or social events, and five activities designed to improve parenting skills.

Family Learning Center

Camas School District

1993 Grantee
$63,329 in 1998–99

Introduction

The Camas School District, in partnership with the Washougal School District, established the Family Learning Center, a family literacy learning center based on the Kenan Trust Model, with Readiness to Learn funds. The center's full-service delivery system features early childhood, adult, and parenting education and prevocational skills development. The center expanded on the Kenan Trust Model by adding a local consortium of service providers who have enhanced the services available to the families that participate in the program.

The center serves children as young as 18 months with at least one parent who did not complete high school or who needs functional literacy training and assistance with basic skills. In recent years the Family Learning Center has intensified its focus on teen parents and their children. Both children and their parents attend educational activities at the Family Learning Center. The children participate in a preschool program while their parents engage in a curriculum that integrates academics with training in preemployment skills and parenting classes. The Family Learning Center also provides information and referrals for social, health, and other support services.

Consortium and Interagency Agreements

The Camas/Washougal consortium, a collaboration of 12 local service providers, conceived the idea for the RTL Family Learning Center. Consortium members make referrals to the program and are expected to make a service contribution to the program. Representatives from numerous agencies work on site with program participants:

- Clark College provides adult basic education, literacy training, GED preparation, and parenting classes.
- The Southwest Washington Private Industry Council assists with preemployment training and WorkFirst retention services.

- The Department of Social and Health Services offers health education and counseling, child protective services, and financial services.
- The Family Learning Center contracts with an economic opportunity committee for three preschool staff.
- The Department of Agriculture provides free or reduced-price breakfasts and lunches.
- When a lack of transportation is a barrier to participation in services, Camas School District picks up families along regular school bus routes and transports them to the Family Learning Center.
- The Tidland and James River Corporations provide preemployment training and information about personnel needs.
- The Camas Public Library and the Washougal Community Library provide on-site story time activities for the preschool children and offer monthly fieldtrips to the library.
- The Washington State University Cooperative Extension Service offers nutrition counseling and workshops and home management classes.
- Southwest Washington Health District and the Family Resource Center provide parenting classes and related workshops.

The consortium members and Family Learning Center staff are responsible for setting and implementing program policy. Consortium members meet quarterly to discuss program services and to identify speakers. For example, input from the private industry council and local welfare reform efforts led the consortium to formalize job readiness as a primary parent outcome goal in addition to GED attainment and literacy gains.

Services to Children and Families

The family literacy approach involves the delivery of intensive educational and support services to families. Consequently, only about 15 families can participate in the program at one time. As part of a local welfare reform effort, an additional five adult education slots are reserved for adults who do not have children. Despite expanded eligibility criteria in 1998–99, program enrollment remained below capacity.

Parents participate in adult education and parenting education classes while their children play and work with an early childhood instructor. During the day time is scheduled for parents to interact and play with their children, and parents regularly volunteer in the preschool. The adult education classes teach GED preparation, writing skills, reading comprehension, and organizational skills using a curriculum that stresses pre-employment skills. On a weekly basis, the center invites speakers from businesses or agencies to discuss employment opportunities or needed skills.

The Family Learning Center has enhanced families' access to services by acting as a liaison among families, schools, and service agencies. In fact, various agency representatives provide services at the Family Learning Center to meet the many needs of the participating families. On-site services include transportation, child care, food assistance, and nutrition counseling.

Participant Outcomes

The early childhood component of the Family Learning Center promotes skills to prepare children for academic and social success in school. The staff assesses children's school readiness skills—including motor, conceptual, and language development—through tests administered at intake and again at the end of the school year. The instrument, DAIL-R, provides age norms that serve as a basis for comparison in evaluating the program's effectiveness.

The center also promotes literacy skills in parents, including adult basic education for those who have not completed high school, job readiness skills for those who are unemployed, and parenting practices that support the continued development of the children's readiness skills. Adult education

Participating Families[1]	
1995–96	24
1996–97	21
1997–98	11
1998–99	15
Areas of Service to Families[2]	
Basic needs	100%
Child education	100%
Family functioning or mental health	80%
Parent involvement	93%
Physical health	100%
Adult education or employment services	87%
Reasons Children Referred[2,3]	
School problems	0%
Family issues	33%
Physical health needs	0%
Mental health needs	0%
Other	100%
Grade Level[2]	
Preschool	100%
K–5	0%
6–8	0%
9–12	0%
Family Characteristics[2]	
Two parent	61%
Single parent	39%
Other	0%
Number of Days Child Was Served[2]	
Less than 6	0%
6 to 20	39%
More than 20	61%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

staff reported 39 specific outcomes for the adults in the 15 families who participated in the program in 1998–99. All participating families obtained services for basic needs, mostly in the form of meals at school or child care. One family each received assistance with transportation, translation, and obtaining public assistance. Adults in 13 families participated in adult education activities; six of these adults worked toward a GED and four attended college. Sixteen adults in 13 families increased their involvement in school and 14 showed improved parenting skills. Ten adults strengthened their self-esteem, nine became better able to express feelings, and six exhibited fewer signs of depression. Two parents obtained employment, one parent gained work experience, and eight parents improved their employment skills.

Success Stories

Joan, a 16-year-old, and her 6-month-old son Bill came to the Family Learning Center with encouragement from Joan's grandmother. Two agencies, the local high school, and DSHS contacted the Family Learning Center about Joan and her son, but soon thereafter Joan and her mother moved to California. Joan has been in the special education program since Grade 1, but in California she was placed into mainstream classrooms and soon was unable to cope. After a year in California she moved back to Washington to live with her grandparents. The grandmother takes care of Bill evenings while Joan works, but cannot provide care during school days. The Family Learning Center provides child care during the day with the provision that Joan spend her lunch hours and fourth period with her son during parent and child together time. Joan's high school test scores enabled her to take regular education classes with assistance. She felt she would have to drop out until the Family Learning Center helped provide her with additional tutoring. She is working toward a high school diploma and learning to care for her son.

Greater Yakima Partnership for Children and Families

ESD 105

1993 Grantee
$391,305 in 1998–99

Introduction

The Greater Yakima Partnership for Children and Families, a Readiness to Learn grant consortium, was founded in 1990 by the directors of 24 human service agencies and schools. ESD 105 serves as the fiscal agency for the RTL grant. This partnership's purpose is to support children and families through interagency collaboration. The program provides expanded educational, health, and social services and activities.

Consortium and Interagency Collaboration

Policies for the program are set by the partnership, which meets monthly. The partnership, which existed before the RTL grant was awarded, focused its grant application on unmet or only partially met service needs and new strategies for collaboration. These ideas were integrated into a comprehensive needs assessment utilizing existing data sources. The outcomes of the needs assessment helped partnership members reach agreement on the cluster of independent services that compose this program.

Partnership members have reported that the program has strengthened the focus of the partnership and resulted in formal agreements among member agencies. In addition, the program has contributed to an increased commitment to the provision of services to families. Over the years the partnership has steadily progressed from having limited contact with other agencies to coordinating and collaborating with more than 100 agencies to meet families' needs. The RTL grant has also resulted in improved relationships among schools and agencies with respect to communication and increased understanding of and respect for each other's work.

Services to Children and Families

The Greater Yakima Partnership features activities that enhance collaborative efforts among agencies and provide services to children and families in the ESD 105 service area:

- The **Valley Intervention Project** (VIP) provides early intervention services to families with children who have behavioral problems. Services include parent mentoring, parent skills development, case management, and counseling.
- The **Behavioral Assessment Team** (BAT) is composed of mental health counselors available to conduct behavior assessments and therapy for school-aged students with severe behavior problems.
- The **Lower Valley Crisis Nursery** provides five day care slots for children and a 72-hour respite service for parents.
- The **Yakama Indian Nation Counseling Program** focuses on families as the unit of change, providing intensive mental health treatment services to children and families within their own cultural environment.
- **New Horizons** improves family literacy using a visual-auditory approach and develops parents' skills at accessing service agencies and schools. Children receive a backpack containing English-language literacy and mathematics materials, and Parent Effectiveness/Leadership Training (PELT) helps parents develop the skills and comfort level to become more involved with their children's schools.
- **ZipLock Plus** coordinates services for families who require day treatment or partial hospitalizations through meetings with agencies that provide such services.

Participating Families[1]	
1996–97	319
1997–98	465
1998–99[2]	65
Areas of Service to Families[2]	
Basic needs	26%
Child education	83%
Family functioning or mental health	95%
Parent involvement	92%
Physical health	1%
Adult education or employment services	1%
Reasons Children Referred[3,4]	
School problems	37%
Family issues	87%
Physical health needs	3%
Mental health needs	11%
Other	11%
Grade Level[3]	
Preschool	37%
K–5	44%
6–8	10%
9–12	5%
Family Characteristics[3]	
Two parent	33%
Single parent	44%
Other	24%
Number of Days Child Was Served[2]	
Less than 6	17%
6 to 20	36%
More than 20	46%

[1] Some families served in more than one year.
[2] The 1998–99 data submission was incomplete.
[3] In 1998–99.
[4] Because children were referred for multiple reasons, percentages do not add to 100.

Certain services that were provided by RTL in previous years are now either self-sufficient or covered by other funding sources:

- **Kidscreen** provides developmental and health screening for preschoolers in key locations throughout the county.
- A **comprehensive needs assessment** system, an early success for the program, includes a component that applies a geographic information system (GIS) to generate maps that relate the distribution of family social service needs with available services. Now that the system is in place, consortium members contribute an annual fee to make the service self-supporting.
- **Health education curriculum materials** that are developmentally and culturally appropriate for students in kindergarten through Grade 3 are distributed to interested schools.
- A **multiple agency staff development workshop** for service providers and school staff promotes culturally competent, relevant, and sensitive services. The workshop is now self-supporting through fees from participating agencies.

Participant Outcomes

Each component of the Greater Yakima Partnership program serves different families at various locations and focuses on a distinct set of outcomes appropriate to the ages and needs of the participants. In 1998–99 only the Valley Intervention Project and the Yakama Indian Nation Counseling Program components reported family outcomes.

Staff of these program components reported outcome data for 75 children, including 23 of preschool age. Program staff obtained elementary school success ratings at both intake and the end of the year for 15 elementary school students, all of whom had received services through the Yakama Indian Nation Counseling Program component. Among the children in this group who were rated by their teachers, 60 percent showed improvement in class participation and performance. About 40 percent improved their reading and math skills. The incidence of negative school behaviors such as class disruption and aggression decreased for 73 percent of the students. Attendance, though, remained a problem. More students' teachers rated their attendance as worse at the end of the year—only one-third of the students showed improvement.

Staff reported family outcomes for all of the 65 families served in 1998–99. In the area of mental health nearly every family had at least one positive outcome. Over half of the families improved their ability to communicate effectively (71 percent) or demonstrated improved anger management (55 percent) or home behavior (77 percent). A majority of the parents in the Valley Intervention Program participated in prevention and intervention activities (85 percent) or showed improved social skills (63 percent). Parents in the Yakama Indian Nation Counseling Program also showed improved coping skills (54 percent). These adults also showed marked improvements in mental health: staff reported that adults in 54 percent of the families exhibited fewer signs of depression.

Program staff also reported improvements in parent involvement and children's education in 1998–99. A total of 52 families—especially participants in the Valley Intervention Project—demonstrated improved responses to their children's behavior and other improved parenting skills. Thirty-five students improved their school behavior. Over a quarter of the students in the Yakama Indian Nation Counseling Program component were reported to have improved other educational outcomes such as academic skills, attendance, involvement in positive activities, and educational plans. These outcomes were not reported among Valley Intervention Project students.

Success Stories

"The litmus test for me in evaluating the progress my son and I have made within VIP came a couple of weeks ago when we were visiting my parents in eastern Washington. On many occasions my parents complimented me on how I handled my son. Those sincere and heartfelt compliments made me feel exhilarated and happy; I was raising and mothering my little boy in the right way! I felt serene and unafraid of our future—thanks to VIP!"

(Excerpt from a thank-you letter written by a single mother to the Valley Intervention Program staff.)

Greater Pierce County Consortium for Children and Families

Puget Sound ESD (Burien)

1993 Grantee

$336,000 in 1998–99

Introduction

The Greater Pierce County Consortium for Children and Families is composed of representatives from Pierce County's 16 school districts, the communities within these school districts, and nine key agencies that serve these communities. As part of the Readiness to Learn grant, family support generalists provide services on site at 12 family support centers and 44 elementary schools in the communities served by the school districts. Several of the family support centers have active family support councils that advise the consortium on the needs of local communities. A full-time program coordinator oversees staff training, provides technical assistance, and monitors program evaluation activities.

Consortium and Collaborative Arrangements

The Greater Pierce County Consortium began as a loosely structured network of school district representatives and service providers that bonded together in response to a previous state-sponsored initiative. Key collaborating agencies, in addition to representatives from the school districts and the ESD, are Good Samaritan Mental Health, Greater Lakes Mental Health, Communities in Schools, the Children's Home Society, Catholic Community Services, and Horizon Resources. Other consortium members include the Department of Social and Health Services, the United Way of Pierce County, the Tacoma–Pierce County Health Department, the Employment Security Department, Mary Bridge Children's Hospital, ECEAP, and the Tacoma–Pierce County Commission on Children, Youth, and Their Families. The Tacoma/Pierce County Prevention Partnership for Children is an outgrowth of the consortium as a result of collaboration with RTL.

The Greater Pierce County Consortium utilizes a Mid-Level Oversight Management (MOMs) group, made up of agency representatives and school staff, to deal with operational issues including training, implementation, and program evaluation. MOMs meets once each month. Each district and agency contributes local dollars to match RTL funds to pay for family support staff salary, benefits, and travel.

Services to Children and Families

The 14 school districts share funding for family support generalists, who are assigned primarily to elementary schools. The school districts provide workspace for the family support generalists at school sites or family support centers in the community. Family support generalists work as case managers, family advocates, and brokers of services. Through individualized family plans they help families identify their strengths and needs, providers who can meet those needs, desired outcomes, and a timeline for achieving family goals. These individualized family plans emphasize family strengths and options, rather than weaknesses and needs.

Family support generalists are key to the consortium's plan to provide more services locally, especially in rural settings, rather than transporting children and families to services in urban areas. The program also provides continuity for children and families by allowing participating families to receive RTL services regardless of where they relocate within Pierce County.

Outcomes for Children and Families

During the 1998–99 school year 382 children in 362 families received services through the Greater Pierce County Consortium for Children and Families. Eighty-three percent of the children who received services were in kindergarten through Grade 5, 11 percent were in Grades 6–8, and 4 percent were in Grades 9–12.

Participating Families[1]	
1995–96	334
1996–97	258
1997–98	477
1998–99	362
Areas of Service to Families[2]	
Basic needs	66%
Child education	83%
Family functioning or mental health	62%
Parent involvement	63%
Physical health	39%
Adult education or employment services	19%
Reasons Children Referred[2,3]	
School problems	50%
Family issues	65%
Physical health needs	18%
Mental health needs	18%
Other	22%
Grade Level[2]	
Preschool	2%
K–5	83%
6–8	11%
9–12	4%
Family Characteristics[2]	
Two parent	41%
Single parent	47%
Other	12%
Number of Days Child Was Served[2]	
Less than 6	42%
6 to 20	48%
More than 20	10%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

The primary reasons for referral to the program were a need for basic resources (39 percent of the families), family problems (37 percent), academic problems (28 percent), and school behavior problems (28 percent). About two-thirds (71 percent) of the referrals were made by teachers or other school staff.

Children received a variety of services related to their education. Among the most common services were after-school or summer activities, peer support groups, behavior management and intervention services, tutoring, school supplies or fees, and student advocacy. The program also emphasized family functioning services, including individual and family counseling. Health-related services included assistance with insurance enrollment, medical and dental care, and immunizations.

Teacher ratings were provided for approximately 225 elementary school students served in 1998–99. Teachers reported that 52 percent of the students improved their academic performance after participating in RTL, and 39 percent improved their school behavior. About 33 percent showed improvement in reading and 38 percent showed improvement in mathematics. Teachers reported that in 42 percent of the cases, the parents' relationship with the school had improved during the course of the school year. Attendance data were reported for 197 students. Forty-four percent of these students had improved school attendance after participating in the program. Of the students with at least one disciplinary referral at baseline, 76 percent reduced the number of disciplinary referrals they received, and 53 percent reduced the number of days they were suspended.

Success Stories

A single mother self-referred to the a support group sponsored after a domestic violence incident resulted in a court order to participate in counseling. The mother attended the group sessions regularly and worked to identify the triggers for her anger. Her self-esteem grew as her self-awareness blossomed. Previously unemployed and deeply depressed, she now has a full time job an improved outlook. Her four boys are beneficiaries of the mother's changed attitudes and skills.

A mother who had been on welfare for more than a decade took the position of parent room coordinator. In this role she kept the room orderly, made sure coffee was available for volunteers, corrected papers, and did small projects for classroom teachers. The family resource specialist noticed the mother's computer skills and found employment opportunities that utilized those skills. She is now learning to cope with the challenge of being a working mother.

Many families that participated in RTL services received guidance that helped them become more involved in their children's education. A total of 165 families participated in parenting education services and 116 families participated in parent support groups. Eighty families received assistance managing their children's behavior. Many families received referrals for family counseling (128 families) or personal counseling (122 families). Families also received assistance with basic needs such as holiday food and gift baskets (130 families), food (123 families), clothing (104 families), or housing (96 families).

Program staff reported that 216 families achieved outcomes related to the education of their children, 194 families achieved outcomes related to parent involvement in their children's education, 84 families achieved outcomes related to adult education and employment, 176 families achieved outcomes related to basic needs, 110 families achieved outcomes related to health, and 224 families achieved outcomes related to family functioning and mental health.

Kennewick Advantage

Kennewick School District

1993 Grantee
$36,000 in 1998–99

Introduction

Kennewick Advantage, Kennewick School District's Readiness to Learn program, focused on four major areas in 1998–99:

- The Family Service Center, which connects families with comprehensive services and supports. The center began operation in the fall of 1994.
- The community resources directory, which is revised annually to include current information about community resources. The directory presently provides information about more than 600 social service agencies and support groups and includes agency names, contact persons, services available, and eligibility criteria. The Kennewick Advantage community resources directory is available on the Internet through Tri-Cities Free Net (www.tcfn.org\advantage).
- Programs such as the communitywide Warm for the Winter clothing distribution and holiday food and gift programs that enable Kennewick School District children and families to meet their basic needs. Kennewick Advantage staff collaborated with school district staff and community organizations ensure the success of these programs.
- Continuing assistance programs, including six homework centers that assist students with their academic work, immunization clinics offered to families with students entering kindergarten in September 1999, and an alternative elementary school that serves children and families who needed flexible alternatives to regular elementary school programs. The alternative elementary program also provides educational, counseling, and parenting support for families whose children have been suspended from school.

Consortium and Interagency Collaboration

Kennewick School District joined forces with representatives from several local social service agencies—including Benton-Franklin District Health Department, Columbia Industries, the Department of Social and Health Services, and the Women's Resource

Center at Columbia Basin College—to form the original consortium for the Kennewick Advantage program in 1993, just prior to the release of the RTL request for grant applications. Since the fall of 1994 an impressive array of new partners have joined the consortium, which in 1998–99 included members from over 35 agencies and organizations. The consortium identifies family needs, available services, and service gaps in the community. Consortium members meet four times a year. At the end of each meeting, the members discuss topics of interest for the subsequent meetings. The program coordinator reported that the consortium's most important achievement in 1998–99 was the successful merging of the Family Literacy Program and the Kennewick Advantage consortium, which resulted in more collaborative efforts and effective services.

Kennewick Advantage is governed by a five-member board of directors composed of school and agency administrators and business representatives. The program coordinator and a master's in social work intern collaborate closely with school and community service agencies. The program also employs a part-time secretary. During the 1998–99 school year the program:

- Networked with existing community services to connect families with needed services. This effort resulted in increased collaboration with consortium agencies because rather than providing services directly, the program referred families to trained professionals.
- Collaborated with several local agencies to provide holiday food and gifts for needy families.
- Maintained a clothing closet that was available to those who lived within the Kennewick School District. Individuals, schools, and local agencies donated clothing.
- Updated and revised the community resources directory.
- Worked with Goodwill Industries to develop a voucher system that enables families to access clothing furniture and personal items.
- Created a flow chart indicating the services provided by the program. The chart was distributed to key school and community agencies to heighten awareness of the services provided and how to contact RTL for assistance.

Services to Children and Families

Kennewick Advantage conducted a family needs assessment for the two families served in 1998–99. Each family was directly involved in deciding upon services and was advised of this right and responsibility at the beginning of service provision. Both families received information and advocacy support from the program staff. One of the students served was in kindergarten through Grade 5 and the other student was in high school. In both instances program staff worked with the families for a period of time between six and 20 days in length. The intern worked with the families to determine their needs and strengths and used the community resources directory and personal contacts to identify appropriate service options. The intern also helped the families access these services by providing translation, transportation, and advocacy services and by making appointments.

Kennewick Advantage worked to empower the parents and encourage family involvement in a number of settings, drawing on family strengths and resources. Services were provided on a flexible schedule and in many locations, including the Family Service Center, family homes, schools, local agencies, and other community locations.

Participant Outcomes

Kennewick Advantage provided referral information for both of the children served in 1998–99. Both families and children had multiple problems and needs. One of the students had been referred to the program by a school counselor, the other by a psychologist. The primary reasons for referral were poor attendance, academic problems, limited English proficiency (in the case of one of the students), low interest in school, mental health problems (in the case of the

Participating Families[1]	
1995–96	200
1996–97	49
1997–98	23
1998–99	2
Areas of Service to Families[2]	
Basic needs	0%
Child education	0%
Family functioning or mental health	0%
Parent involvement	0%
Physical health	0%
Adult education or employment services	0%
Reasons Children Referred[2,3]	
School problems	50%
Family issues	50%
Physical health needs	100%
Mental health needs	50%
Other	50%
Grade Level[2]	
Preschool	0%
K–5	50%
6–8	0%
9–12	50%
Family Characteristics[2]	
Two parent	0%
Single parent	50%
Other	50%
Number of Days Child Was Served[2]	
Less than 6	0%
6 to 20	100%
More than 20	0%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

other student), and health and basic family needs. The program reported having completed its work with one of the students and continuing to work with the other.

School records provided information on the number of days per quarter the high school student was absent. That student was absent 3.5 days more at follow-up than before receiving services. She had, however, completed 23 credits, exceeding the 21 required for graduation. She was still enrolled in school at follow-up.

Kennewick Advantage provided very few services to individuals and families in 1998–99, but its 11 group services reached a total of 1,477 students and families. Services included providing information about community resources, activities to improve students' academic skills, events designed to increase family involvement in school, and providing for basic family needs. In addition, 12 families attended a session to improve their parenting skills. The fact that Kennewick Advantage merged with the Family Literacy Program during the 1998–99 school year accounts for the change in emphasis from services to individual families to group services.

Success Stories

A participant in the teen parenting program applied for Medicaid benefits for her newborn child but was denied because the name on the child's social security card was incorrect. The Kennewick Advantage program was able to advocate for the teen with the social security office to change the child's name so that he could receive medical coverage. With this problem resolved, the parent was able to concentrate more on her schoolwork.

A third grade girl and her family were referred to Kennewick Advantage because the girl appeared to have a seizure disorder and the family had no medical insurance. The intern assisted the family in completing an application for medical coupons, and the child was soon diagnosed and treated by a doctor.

KIDS First

Renton Communities in Schools
Renton School District

1995 Grantee
$99,118 in 1998–99

Introduction

The KIDS First program grew from the Communities in Schools of Renton (CISR) program, a collaboration of the city of Renton, Renton School District, the King County Department of Public Health, Valley Medical Center, the Employment Security Department, and representatives from businesses, service groups, and others. Over the past five years the consortium has focused its energy on planning and implementing its service strategies. The program utilizes mentors, a truancy advisory board, a student support program, family liaisons, a school supplies drive, and the 21st Century Community Learning Center to provide services.

The two primary components of KIDS First are the family liaisons and the mentor program. Family liaisons provide information and assistance to link families with the services necessary to address needs that interfere with children's success in school. During 1998–99 the program placed family liaisons at eight school sites to work with families and to serve as a resource for school staff. The mentor program, which links students with a caring adult, was developed and implemented to provide children with additional support and attention to help them develop the skills and attitudes necessary to improve academic performance and social skills. Volunteers recruited from the community are trained before meeting with students in their schools. In 1998–99, 104 students met with mentors.

Consortium and Interagency Collaboration

The CISR program provided the foundation for collaborative services in the community beginning in 1994. This program brought key representatives from the community together to coordinate services to families with children in the local schools. As part of this effort, CISR brought together a group of social service providers to establish the Renton Area Service Providers Network to share information and identify issues. This group is cofacilitated by the CISR executive director and city of Renton human services manager. The network, which included about 170 service providers from more than 30 agencies in

1998–99, meets monthly to share information and discuss community service needs. Through these meetings both service providers and school district staff have developed an increased awareness of the services available in the community. The network has also supported several collaborative projects, including the creation of the West Hill Family Enrichment Center, a resource that provides parent education; employment training; public health services; and Women, Infants, and Children (WIC) services.

As a successful RTL grantee in the fall of 1995, CISR established an oversight committee to bring recommendations to the full CISR board. Membership of this committee consists of representatives from the city of Renton, the Department of Public Health, Renton School District, Renton Area Youth and Family Services, the Children's Home Society, Valley Medical Center, and the CISR program director. Strong leadership and a sincere commitment to interagency collaboration within the consortium have contributed to the effectiveness of the KIDS First program. The oversight committee has evolved into the program committee, which coordinates all CISR programs to ensure the continuity and quality of these programs.

The school district, city, and other consortium members work together closely on a variety of projects. For example, the program is represented on a regional youth violence prevention committee for southern King County, and program staff helped the school district recruit and train a truancy advisory board and provide case management. Joint grant writing efforts have been successful in bringing additional funds into the community to support other collaborative systems. A collective effort resulted in the Renton School District and CISR receiving several federal grants. The U.S. Department of Justice awarded the first grant to support the development and expansion of the locally based mentor program. The U.S. Department of Education awarded the second grant to develop and operate four after-school and community learning centers. During 1998–99 these centers became the focal point in meeting the needs of youth outside school hours. Community social service agencies have demonstrated a willingness to cooperate because the RTL program provides important service access to children and their families. Several local agencies, for example, provide school-based mental health services that school counselors cannot provide.

Services to Children and Families

In January 1996 three family liaisons were hired, trained, and placed in four elementary schools and two middle schools that were identified as having the greatest need. As additional resources were obtained, services were added at a third middle school in

September 1997 and expanded to a fifth elementary school in September 1998. The family liaisons' primary role is providing information and assistance to families to help students succeed in school. Teachers and administrators refer students whose academic achievement, attendance, or school behavior may be impacted by the needs of their families. The liaisons meet with families to identify the strengths of the students and their families and to identify factors that can help the students be more successful in school. By meeting with the families in their homes, workplaces, or other community sites, the family liaisons have been able to connect with families that may be resistant to going into schools. The level of service to families has ranged from providing service agency telephone numbers to providing ongoing support and assistance.

The family liaisons have been key to fostering greater awareness of the resources available in the community and have had an important role in creating opportunities for community members to become involved. Family liaisons work with school staff to identify needs and plan activities that support children and their families. For example, family liaisons might address language barriers by arranging to provide a translator at a parent-teacher conference. The program has developed formal agreements with mental health agencies to provide on-site counseling in each of the eight schools served by family liaisons. The family liaisons also facilitate the involvement of local businesses, agencies, and individuals in the schools.

Participating Families[1]	
1995–96	65
1996–97	363
1997–98	471
1998–99	409

Areas of Service to Families[2]	
Basic needs	39%
Child education	69%
Family functioning or mental health	22%
Parent involvement	26%
Physical health	18%
Adult education or employment services	10%

Reasons Children Referred[2,3]	
School problems	49%
Family issues	53%
Physical health needs	10%
Mental health needs	3%
Other	22%

Grade Level[2]	
Preschool	0%
K–5	52%
6–8	48%
9–12	0%

Family Characteristics[2]	
Two parent	40%
Single parent	47%
Other	13%

Number of Days Child Was Served[2]	
Less than 6	56%
6 to 20	40%
More than 20	4%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

At the urging of local schools, in the spring of 1996 the RTL program implemented a pilot mentor program that connects students with caring adults. CISR worked with the Renton School District to recruit, screen, and train community volunteers and match these community volunteers with individual students. These volunteers visit their students once a week in the school setting, providing friendship and guidance. CISR developed training materials and procedures, and in August 1997 Renton received a grant from the U.S. Department of Justice to support and continue expansion of the mentor program through April 2000. With this support, the program expanded to more than 100 mentors at ten Renton school sites, which all follow the original pilot model. Participant evaluations from students, parents, teachers, and mentors have praised the value of the mentoring program. All of the parent respondents have described the program as very helpful for their children. Nearly all the participating students could identify one or more ways in which the mentors had provided assistance, such as helping them feel happier, set goals, work through problems, or improve their grades.

Participant Outcomes

During 1998–99 school records or teacher ratings provided some evidence of increased school success among the students who participated in the KIDS First program. Elementary school teachers reported modest improvements in the students' academic performance—about one-third (34 percent) of the 108 students with intake and follow-up ratings demonstrated better classroom performance. About one-fourth (23 percent) engaged in fewer negative school behaviors, such as fighting and causing class disruptions, and almost one-fifth (19 percent) improved their attendance and reduced tardiness. Classroom behaviors or attendance were rated as a moderate or serious problem among fewer than ten students. At the middle school level, two-fifths (45 percent)

Success Stories

Glenda, a 30-year-old single mother with four young children, moved into a low-income housing complex near an elementary school in August 1998. Three of Glenda's children were placed into special education classes. The family, dependent on public assistance for over ten years, was referred to RTL by several teachers who noted that the children's clothing was often inadequate or dirty. Communication with the family, who had no phone, was difficult. During the first home visit, the family liaison discovered that the family's DSHS payments had been cut because Glenda had not attended a required 40-hour job search training when her children were sick. The family liaison worked with DSHS staff to allow Glenda to participate in a welfare-to-work program that provides a comprehensive assessment and support services. The liaison also linked the family with social service agencies that provided food and clothing. School staff donated cleaning supplies. The children's school attendance improved and after much encouragement from the family liaison, Glenda attended a parent-teacher conference and the school holiday concert. School staff noted that the children began making friends at school. Teachers also reported that the children completed their homework assignments more often after the family liaison began emphasizing the importance of schoolwork.

of the students had higher GPAs at the end of the school year than the previous year. In addition, school data indicate that during spring term 1998, 52 percent of the students were absent fewer days than they had been a year earlier.

The family liaisons identified outcomes achieved by all 409 families that participated in the KIDS First program in 1998–99. Services provided directly by the program primarily included student advocacy, mentoring, school supplies or fees, and clothing. Many families were referred for counseling and health care. Nearly 100 parents increased their level of communication and cooperation with the schools. Families' educational achievements included improved attendance, school behavior, educational plans, and academic skills. Families also received services that met basic needs, such as food and clothing assistance (159 families), and experienced improvements in mental health and family functioning (122 families).

Bridge Program

La Conner School District
1993 Grantee
$36,000 in 1998–99

Introduction

The La Conner School District and the Swinomish Tribal Community jointly applied for funds to offer the Bridge Program, which focuses on the needs of school dropouts, at-risk youth, and their families. A family advocate works with individual students and their families to develop family service plans that feature goals for academic, social-emotional, and vocational growth. The family advocate provides referrals to needed educational, vocational, medical, and child care services.

An interagency team that represents nearly a dozen agencies plans and coordinates services to meet individual and family needs. When appropriate, the Bridge Program utilizes tribal and community services. The program office is located in the Swinomish Tribal Community Social Services building, which facilitates coordination with tribal services. The family advocate meets with students at the public high school in La Conner each week or at the social services building. As a result of the Bridge Program, many new services are offered on the reservation, such as GED instruction, counseling, and recruitment for summer youth work programs.

Consortium and Collaborative Agreements

The Bridge Program is governed by an advisory group that includes representatives from the school district's staff and board, tribal officials, the tribal social services director, local business representatives, parents, grandparents, and students. The advisory group meets two or three times each year. The interagency team, composed of representatives from seven agencies, meets twice each month to discuss how the program can help individual students achieve their goals. Service providers then conduct family conferences with students and their families to discuss service options. No consortium existed in the La Conner area prior to the RTL grant, although the school district and the tribe have a history of mutual commitment to children and families. The success of the Bridge Program has resulted in consortium members being invited to participate in other committees and groups throughout the community.

The Bridge Program coordinator has chaired a substance abuse prevention committee; worked with the private industry council to place students in summer employment programs; coordinated with the Head Start program to obtain services for children; participated in the interagency Swinomish Clinic and Health Department's First Step program; worked on various tribal cultural events, such as the Treaty Days celebration and powwows; served on the advisory board of the Seaquest program (an interagency effort to provide students with summer employment and high school credit); and partnered with tribal social services staff to prepare and deliver holiday food baskets. The Bridge Program coordinator also meets regularly with the district migrant education program coordinator to provide information about community resources for migrant students and their families and to develop additional learning opportunities.

Consortium members have indicated that the Bridge Program has vastly improved communication among schools, the tribe, and social service providers. Members felt that the program has been effective in identifying students who could benefit from program participation, helping students examine their strengths and develop goals, and helping families become more involved with their children's school.

Services to Children and Families

All services are coordinated by the Bridge Program's coordinator, who acts as a liaison

Participating Families[1]	
1995–96	61
1996–97	80
1997–98	85
1998–99	69
Areas of Service to Families[2]	
Basic needs	30%
Child education	68%
Family functioning or mental health	59%
Parent involvement	14%
Physical health	1%
Adult education or employment services	70%
Reasons Children Referred[2,3]	
School problems	63%
Family issues	15%
Physical health needs	10%
Mental health needs	9%
Other	57%
Grade Level[2]	
Preschool	0%
K–5	0%
6–8	19%
9–12	63%
Family Characteristics[2]	
Two parent	48%
Single parent	23%
Other	29%
Number of Days Child Was Served[2]	
Less than 6	53%
6 to 20	40%
More than 20	7%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

between each family and the school or service agency. The family advocate also attends weekly school meetings and exchanges information with school staff. The program has established numerous creative arrangements to help students accrue credits toward high school graduation. The program has also helped improve communication between parents and the school. The consortium maintains a long list of available services for students and families who are encouraged to use services as they see fit. Students often self-refer to the program (54 percent of the students served in 1998–99) and are most often referred for academic problems, low interest in school, poor attendance, and family issues. The services most commonly provided include academic counseling, student advocacy, after-school or summer activities, personal counseling, alternative education programs, vocational counseling, adult education, and tutoring.

Outcomes for Children and Families

During the 1998–99 school year 103 children in 69 families received services through the Bridge Program. None of the students who received services were in kindergarten through Grade 5, but 19 percent were in Grades 6–8 and 63 percent were in Grades 9–12. The primary reasons for referral to the program were academic problems (60 percent of the students), low interest in school (29 percent), poor attendance (22 percent) and family issues (15 percent).

Forty-seven families received services related to the education of their children, and ten families received services related to parent involvement in the children's education. Forty-eight families received services related to adult education and

Success Stories

Ann, a 15-year-old in Grade 9, was referred to the Bridge Program by her mother. She had completed inpatient treatment and the Tribal Court had declared her a youth in need of care. She became pregnant during the spring. Program staff provided case management services and Ann identified earning a GED as one of her goals. During the school year the family advocate worked with Ann on finding resources for her baby, developing time management and parenting skills, completing paternity paperwork, and finding medical and employment resources. Ann completed her GED and secured employment in May and her boyfriend completed his GED in November. They will participate in Northwest Indian College's summer graduation ceremonies.

Pam, a ninth grade student, was referred to the Bridge Program by her sister, a former program participant, for information about making up school credits. The following year Pam transferred to an alternative school and was brought into truancy court. Through the Bridge Program she explored her educational options. Because Pam was 16 years old, program staff advocated for her to be released from the high school and allowed to work on the reservation with the GED instructor instead. Pam secured part-time employment and completed her GED in May. With encouragement, she has set a new goal to enter Northwest Indian College's early childhood education program in the fall.

employment. Twenty-one families received services related to basic needs and five families received services related to health concerns. Forty-one families received services related to family functioning and mental health.

Program staff reported that 40 families achieved outcomes related to the education of their children, ten families achieved outcomes related to parent involvement in their children's education, 49 families achieved outcomes related to adult education and employment, 21 families achieved outcomes related to basic needs, five families achieved outcomes related to health, and 41 families achieved outcomes related to family functioning and mental health.

Family Community Services Network

Lynden School District

1995 Grantee
$48,000 in 1998–99

Introduction

The Family Community Services Network was funded by Readiness to Learn in the fall of 1995 and began serving students and their families in Lynden School District in January 1996. Lynden is an agricultural community located in northern Whatcom County. The program focuses on improving attendance, improving the health and safety of children, reducing substance abuse, and offering educational and training opportunities to students and their families. The program's staff includes a coordinator, a community liaison, and an administrative assistant.

Consortium and Collaborative Agreements

Lynden, Nooksack, Blaine, and Bellingham School Districts meet four times a year with representatives from agencies across Whatcom County. These agencies include Whatcom County Health, the Department of Social and Health Services, the opportunity council, Whatcom Community College, Bellingham Technical College, Northwest Youth Services, the community health and safety network, Catholic Community Services, the private industry council, Brigid Collins House, SeaMar, and Early Childhood Opportunities NW. The consortium meetings are facilitated by staff from Western Washington University.

Services to Children and Families

About 50 percent of the students served by the Family Services Network in 1998–99 were referred by teachers or other school staff. The most common reasons for referral were health needs, family basic needs, academic problems, limited English proficiency, other mental health needs, and poor attendance. The most common services provided to children were student advocacy, school supplies or fees, tutoring, and academic counseling. The most common services provided to families centered around parent involvement with the school, medical care, holiday food and gift baskets, parent involvement with the child, and transportation. The program also provided group services to 5,520 participants. Group services were primarily intended to increase family involvement in school.

The program's family services team meets weekly to brainstorm service delivery strategies for students and families. The team members also attend weekly building-level multidisciplinary team meetings as necessary. Working within the consortium and advisory networks, the family services team links families to services and opportunities within the community.

Outcomes for Children and Families

During the 1998–99 school year, Family Community Services Network staff worked with 249 children and 196 families. Teacher ratings for 16 elementary school students indicated that 63 percent improved their academic performance, and 19 percent improved their school behavior. School records showed that 27 percent of the intensively served students improved their GPAs and 45 percent improved their attendance.

Participating Families[1]	
1995–96	97
1996–97	180
1997–98	214
1998–99	196
Areas of Service to Families[2]	
Basic needs	53%
Child education	55%
Family functioning or mental health	23%
Parent involvement	38%
Physical health	46%
Adult education or employment services	8%
Reasons Children Referred[2,3]	
School problems	37%
Family issues	48%
Physical health needs	50%
Mental health needs	16%
Other	39%
Grade Level[2]	
Preschool	0%
K–5	46%
6–8	30%
9–12	22%
Family Characteristics[2]	
Two parent	64%
Single parent	29%
Other	7%
Number of Days Child Was Served[2]	
Less than 6	92%
6 to 20	6%
More than 20	1%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

Program staff reported that 92 families achieved outcomes related to the education of their children, 77 families achieved outcomes related to parent involvement in their children's education, 15 families achieved outcomes related to adult education and employment, 100 families achieved outcomes related to basic needs, 89 families achieved outcomes related to health, and 46 families achieved outcomes related to family functioning and mental health.

Success Stories

Chip, a hyperactive 10-year-old, was depressed, socially isolated, and unable to make friends. Chip and his mother had come from another country and the mother married an older man who did not understand their culture. Chip's abusive stepfather was unable to successfully deal with his stepson. Chip's mother separated from her husband. Unemployed and without a support system, Chip's mother was desperate to find help dealing with his behavioral issues. RTL connected Chip and his mother to counseling services and a family support team. Chip now has a mentor through the Big Brothers/Big Sisters program and has been involved in summer school and a social skills summer camp. He is doing well academically and is making new friends and playing youth sports. The family has joined a local church and Chip and his mother are involved in youth and parenting programs. Chip's mother received assistance preparing her résumé, found a job, and is working in the health care field. The stepfather has returned to the home and the family situation has improved so much that the mother is now volunteering at the church and as a mentor for another RTL family with similar hardships.

Mason County Communities in Schools

Shelton School District

Grantee since 1994
$86,000 in 1998–99

Introduction

The Mason County Communities in Schools Readiness to Learn program serves students in seven school districts and two tribal sites throughout the largely rural county. Shelton School District serves as the fiscal agent and has oversight responsibility for the program sites in its district; the Communities in Schools program, the other grant partner, has oversight responsibility for the program sites in the other six school districts in Mason County. This arrangement emerged from the collaboration of two preexisting efforts. At the time of the decision to establish an RTL program, a similar program (complete with home intervention specialists) was in place in the Shelton School District and Communities in Schools was in the process of integrating services at the school level in the remaining districts in Mason County.

The initial grant in 1994, sponsored by the Shelton School District in collaboration with Communities in Schools, was to expand the integrated service model used in the Shelton School District throughout the remaining school districts in Mason County. The focus of the resulting Mason County RTL consortium is helping young people stay in school. Numerous obstacles must be overcome to meet this objective. For example, the child poverty rate in Mason County exceeds the state average by one-third. Increasing poverty, hunger, homelessness, and teen pregnancy in the county have resulted from the decline of the timber and manufacturing industries over the past decade. Furthermore, the availability of human services in the county is limited—many services are provided by agencies that are distant from the families in need, which presents transportation and cost barriers to accessing those services.

Consortium and Interagency Agreements

The consortium of human service providers associated with the Mason County Communities in Schools program strongly supports efforts to coordinate service delivery at the school level. Several years prior to the RTL grant, members of the consortium began the process of service integration in the seven school districts in Mason County. The consortium conducted a comprehensive needs assessment and developed a rural health plan, a criminal justice council plan, and an action plan for integrating services. The consortium had already secured funds from within the county to begin the process of integrating services at the school level when the RTL grant enabled the consortium to expand services throughout Mason County. With matching county funds and the grant dollars provided by the state, the Mason County Communities in Schools program continues to build a solid and efficient network of service delivery. The consortium continues its work on developing a ten-year comprehensive strategic plan.

A variety of key groups compose the consortium, which meets quarterly to share information about available services, devise ways to facilitate access to services, and improve the referral process among agencies. The 1998–99 school year was a time of rebuilding the consortium after a challenging previous year. Twelve partners, including the Department of Social and Health Services; the Employment Security Department; the Department of Health; Community, Trade and Economic Development; the Dental Coalition; the county drug abuse and prevention network; and the Boys and Girls Clubs, are currently active in the consortium. RTL also participates in the Rural Health Council, which is made up of agencies and organizations that represent health concerns in the county, including the local hospital, the Mason County Health Department, Indian Health Services, Mason County Mental Health, and Mason County Head Start. A major accomplishment of the consortium in 1998–99 was the receipt of a grant for a dental clinic that will accept medical coupons. This clinic will fill a major service gap in the county. Consortium members have also collaborated to provide after-school activity centers in several locations.

The Mason County Communities in Schools program invites consortium members to its monthly meetings. These regular meetings have resulted in improved communication and availability of services in rural areas. To foster further integration of the program at the school level, a formal agreement has been forged with the Shelton School District whereby the district pays one-third of the school-based RTL interventionists' salaries. The schools select these interventionists, who report directly to the building principals, from the communities served. This arrangement has enabled the program to increase the number of schools with interventionists on staff.

Services to Children and Families

The Mason County Communities in Schools program has ten full-time interventionists and one program coordinator. In addition, the program employs two tribal liaisons for the Skokomish and Squaxin Tribes. Continuing challenges to service delivery include a need for more access to child care for families and the need for more services in the rural areas of the Mason County. Cultural sensitivity on the part of staff and community members to the needs of minority populations is also an ongoing issue. These populations, which tend to have high school dropout and absence rates, are not always comfortable with service providers of different ethnic or cultural backgrounds from their own. Communication with the Hispanic community improved during the 1998–99 school year. The consortium's planning efforts resulted in the pooling of resources and collaboration among service providers to provide the Hispanic community with health care and literacy training services.

Referrals to the program are made directly to the interventionists. Referrals originate from teachers, counselors, principals, and other school professionals, as well as external agents (e.g., local juvenile justice department workers). In 1998–99, 150 children were referred because of academic problems, 137 were referred for school behavior problems, and 124 were referred for poor attendance. Another 106 children were referred because they demonstrated low interest in school.

Participating Families[1]	
1995–96	786
1996–97	641
1997–98	432
1998–99	308
Areas of Service to Families[2]	
Basic needs	66%
Child education	90%
Family functioning or mental health	57%
Parent involvement	37%
Physical health	56%
Adult education or employment services	1%
Reasons Children Referred[2,3]	
School problems	72%
Family issues	49%
Physical health needs	14%
Mental health needs	8%
Other	18%
Grade Level[2]	
Preschool	1%
K–5	65%
6–8	15%
9–12	19%
Family Characteristics[2]	
Two parent	54%
Single parent	32%
Other	13%
Number of Days Child Was Served[2]	
Less than 6	26%
6 to 20	38%
More than 20	36%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

About 49 percent of the children had family issues, and 11 percent were referred for domestic safety concerns. Usually, the children and families referred had multiple needs.

Interventionists assess child and family needs through informal interviews conducted when they meet with families and through meetings with school staff. Interventionists rely on establishing rapport with families—over several home visits if necessary—to gather the information that enables them to work with the families to develop individualized family service plans. Services available to children and families vary by site, and decisions about which services to offer depend on the needs identified in each school. Program sites in Mason County provided a wide range of services in 1998–99.

The Mason County Communities in Schools program emphasizes the identification of gaps in services to families. Interventionists engage in an ongoing process of identifying what families need and determining the extent to which those services are available or accessible in the community. Thus the program works on both the individual family and systems levels to determine how the social service system might act to support rather than hinder the process of achieving family self-sufficiency. Solutions, either local or global, are then developed to improve the process. Interventionists are encouraged by recent evidence that the families served over time are becoming more self-sufficient. These families call for assistance only when experiencing difficulty meeting their needs using the strategies that the interventionists employed to help them in the past.

Outcomes for Children and Families

The Mason County Communities in Schools program served 379 children and 308 families during the 1998–99 school year. Most of the 308 families received multiple services. Ninety percent of the families received services to improve their children's school behavior, academic skills, and educational plans. Another 66 percent of the families obtained services related to their basic needs, such as food and clothing assistance, transportation, and help accessing legal assistance, housing, public assistance. Nearly 57 percent of the families received counseling or other mental health services or participated in alcohol and drug support groups. These services resulted in improved social and coping skills, self-esteem, anger management, communication skills, and school behavior. Almost as many families participated in services that helped them access needed physical health services such as check-ups and hearing, vision, and dental care.

Of the 379 children served during the 1998–99 school year, 65 percent were in kindergarten through Grades 5, 15 percent were in Grades 6–8, and 19 percent were in Grades 9–12. Fifty-four percent of the children served had two-parent families (both parents or parent and step-parent), and 32 percent had single-parent families. On average, staff worked with 26 percent of these children for fewer than six days throughout the year, with 38 percent for six to 20 days, and with 36 percent for more than 20 days.

Teacher ratings for 181 elementary school children indicated that 40 percent showed improved academic performance during the school year. Improvement was also evident in school behavior—44 percent of the students improved in this rating category. Improvement in attendance was more modest—only 16 percent of the children improved their attendance. Program services did impact parent involvement in their children's education. Teachers felt that overall parent involvement improved by 45 percent for the families of the children rated.

Success Story

Karen was an unemployed a single mother of seven children. School staff referred her to the RTL program after they learned the family was living in a homeless shelter. Program staff helped her find subsidized housing and locate some donated furniture for her home. They helped Karen enroll her kindergarten-aged child in the Home Tutoring Intervention Program, procured food and clothing from local food and clothing banks, and connected the family with the Community Action Program for assistance with their utilities bills. Karen enrolled in Even Start for GED preparation courses. She is now in the Head Start internship program, and her children are all involved in the Boys and Girls Club's after-school activities. All of the children are doing well in school. The family is now stable and has a positive outlook for the future.

At the middle and high school levels, intake and follow-up data on academic performance were submitted for 19 students, 63 percent of whom improved their performance slightly. Data on attendance were submitted for 85 students, among whom over half (52 percent) demonstrated improvement. Intake and follow-up data on disciplinary actions were submitted for 17 students, of whom 67 percent had fewer suspensions and 88 percent had fewer office referrals. One student with disciplinary issues who was receiving services for the second year had two office referrals per quarter in both spring 1998 and spring 1999. That student did not receive any school suspensions during the spring of 1999, which represents a 100 percent improvement over the previous year.

The Mason County Communities in Schools program provided group services to 9,390 participants over the course of the 1998–99 school year. The largest numbers of participants were involved in social and recreational activities (2,823), programs to improve academic skills (1,573), parent involvement activities (1,097), and activities directed toward meeting basic family needs (1, 546). More than 900 people participated in nine activities aimed at reducing substance abuse and violence.

Mid-Valley Providers' Consortium

Yakima Farm Workers' Clinic
Toppenish School District

1993 Grantee
$125,217 in 1998–99

Introduction

The Mid-Valley Providers' Consortium is composed of five neighboring school districts in the Yakima Valley, the Yakima Valley Farm Workers Clinic, and several local social service agencies. This strong consortium has proven to be an effective body for coordinating services for youth in a large, rural area. The consortium has succeeded in attracting other grants and programs and has created a unified voice for the small school districts it serves.

The consortium serves primarily middle and high school-aged youth. Case managers meet with referring teachers and school intervention teams and visit the homes of students referred to the program. Case managers conduct family needs assessments and work with families to identify possible problem solving strategies, to make referrals and linkages to services in the community, and to provide support services.

Consortium and Interagency Agreements

The Mid-Valley Providers' Consortium formed in 1992 in response to early information about the Family Policy Initiative. Ideas for the RTL grant application emerged from parent meetings in the school districts and brainstorming sessions conducted by consortium members. The consortium includes administrators from Mount Adams, Granger, Toppenish, Wapato, and Zillah School Districts, as well as representatives from the Northwest Community Action Center (NCAC) of the Yakima Valley Farm Workers Clinic, the Department of Social and Health Services, the Employment Security Department, and other community social service agencies.

The consortium, which included 70 members in 1998–99, has grown every year. Virtually all local agencies and service providers are currently involved in the Mid-Valley Providers' Consortium and the RTL program. All member agencies must sign an agreement of support for the consortium which stipulates that they participate in consortium meetings and work collaboratively to better the lives of the children and their families. Consortium meetings are held monthly. Members are jointly responsible for governance and policymaking and make such decisions as a group. The program coordinator supervises the program activities on a day-to-day basis.

To foster a more supportive school learning environment, consortium members work together to identify and address community issues. For example, the consortium explored ways to prevent head lice and, when the problem does occur, to treat children at school and return them to the classroom quickly. Another example of collaborative problem solving involved Reading Corps grants. The consortium addressed the high need for reading assistance in the community by making arrangements with the Yakima Valley Community College to recruit a pool of volunteer tutors. Three consortium workgroups set goals and develop action plans concerning cultural awareness, housing and crime, and employment and training. Program services also include AIDS education, flood support, training in parenting and anger management, counseling, school-based alcohol and drug abuse prevention programs, and a truancy program.

Communication among consortium members has increased dramatically in recent years. Members call on each other for trusted support and advice. Community support for the program has also grown. In 1998–99 the money contributed by the five participating school districts was half the amount of the RTL grant received from OSPI. Consortium members collaborate on several ventures. For example, Toppenish School District, DSHS, and the Yakima Valley Farm Workers Clinic developed GED and JOBS programs for local youth and were one of four successful applicants from Washington for a federally funded character education grant. To serve the needs of teen parents, the Washington State Migrant Council, Job Corps, the Yakama Indian Nation, Heritage College, and a Methodist church have implemented a teen cooperative in White Swan. To address AIDS issues in local schools, consortium members have formed an AIDS resource panel. To establish an alternative education program for the mid-valley area, consortium members have begun planning a community education center.

The Mid-Valley Providers' Consortium has helped the member school districts in several important ways. For example, school districts now communicate with each other about students and track students who move within the mid-valley area. School districts have become aware of community services available to families and how to access those services. Case managers in the schools act as advocates for students and their families by working with school administrators to better meet students' needs by promoting greater flexibility in school policies. For instance, attendance policies have been altered so that students can be involved in substance abuse treatment, if necessary. Collaboration has enhanced these small school districts' sense of identity and helped them in their interactions with the ESD and OSPI.

Services to Children and Families

The Mid-Valley Providers' Consortium RTL program has brought schools and community agencies together with a common vision. Consortium and school personnel collaborated to hire a case manager for each of the five school districts served by the program. The schools provide the facilities and equipment needed by case managers, and the school districts collaborate with service providers to meet the needs of families. Consortium members have reported success using a team approach to working with families. During the first year of operation, the consortium realized that case managers were spending most of their time in limited interventions addressing crises or short-term needs. The consortium members decided to focus case managers' efforts on more preventive and long-term relationships with families to effect a greater impact. To support the case managers in their work, the program holds regular meetings with a master's-level counselor to train staff in dealing with family dynamics and to assist with child and family counseling.

Using a common intake assessment tool, the case managers at each program site, in conjunction with the referred students and their families, develop individual service plans. The case managers also meet with a case management team to refine the plan and

Participating Families[1]	
1995–96	222
1996–97	306
1997–98	242
1998–99	190

Areas of Service to Families[2]	
Basic needs	57%
Child education	83%
Family functioning or mental health	47%
Parent involvement	22%
Physical health	38%
Adult education or employment services	10%

Reasons Children Referred[2,3]	
School problems	79%
Family issues	44%
Physical health needs	25%
Mental health needs	10%
Other	33%

Grade Level[2]	
Preschool	1%
K–5	24%
6–8	53%
9–12	21%

Family Characteristics[2]	
Two parent	44%
Single parent	40%
Other	16%

Number of Days Child Was Served[2]	
Less than 6	44%
6 to 20	48%
More than 20	7%

[1] Some families served in more than one year.

[2] In 1998–99.

[3] Because children were referred for multiple reasons, percentages do not add to 100.

identify additional resources. These teams may include teachers, the school nurse, a school counselor, a counselor from a community social service agency, the principal, and family members. Case managers help families carry out these plans by finding ways to link students and families with services and by monitoring progress to determine whether needs have been met.

Child and family needs include transportation, housing, child care, employment, health and dental care, and substance abuse counseling or treatment. The program has reported that the needs in the community are much greater than the consortium had realized and that the crises faced by families are far more serious than initially anticipated. Families receive services in one of the area communities: Mount Adams, Granger, Toppenish, Wapato, or Zillah. Families reportedly are able to access services more quickly as a result of this service delivery strategy. Families are more likely to utilize the services they have been referred to because RTL staff provide the support and case management needed to ensure positive outcomes.

Participant Outcomes

Mid-Valley Providers' Consortium case managers reported specific outcomes for the 190 families they served in 1998–99. These families obtained food, housing, transportation, or fulfilled other basic needs (98 families); demonstrated school success or made adjustments in their educational plans (146 families); worked to improve mental health, social skills, or family functioning (89 families); increased involvement in their child's education (39 families); improved health care or obtained medical coverage (66 families); and obtained or worked toward employment or improving literacy skills (23 families).

School records obtained for students documented improved school success in grades, attendance, behavior, and school completion. Nearly half (48 percent) of the

Success Stories

Anna, a young Hispanic woman, was 15 years old and pregnant when she was referred to RTL. At that time she lived with her parents and four younger siblings. Her parents had come to Washington from Mexico 12 years before and worked as seasonal laborers, living well below the poverty level. Anna was at risk of dropping out of school.

RTL coordinated a wide variety of services for the family. The program referred the family to a local food pantry and referred Anna to the WIC program and a nurse. Anna attended parenting classes at the teen parent co-op before her daughter's birth. After the child was born Anna began taking classes at the alternative school located at the Teen Parent Co-op. This arrangement allowed Anna to be close to her daughter while learning at her own pace.

Anna moved to a nearby city, but RTL kept in contact and encouraged her to return to school. Eventually Anna enrolled in alternative program developed by the consortium. She now lives with her boyfriend and child. She has completed her GED and attends a local junior college. She hopes to receive her citizenship papers soon.

69 middle school and high school students whose grades were submitted showed some increase in GPA by the end of the school year. The average number of days absent per quarter increased slightly (one-quarter day) compared to the previous year. Among the 55 students with at least one office referral the previous spring, a great majority (85 percent) had fewer office referrals during spring 1999.

North Chelan–Douglas County Consortium of School Districts

Manson School District

1993 Grantee
$108,000 in 1998–99

Introduction

In 1998–99 the North Chelan–Douglas County Readiness to Learn program served children and families in four school districts in northern Chelan and Douglas Counties: Lake Chelan, Manson, Bridgeport, and Mansfield. This area is geographically isolated from state and county social service agencies, most of which are located in Wenatchee and East Wenatchee. The mission of the program is to help students and their families resolve medical, emotional, and social problems that interfere with their adjustment to school or prevent them from learning.

The program provides services to children and families in schools and at a hospital-based office using an individualized and tailored approach that emphasizes responsiveness to individual needs and flexibility in service delivery. Home/school liaisons work with children who are identified as being in need. The home/school liaisons meet with the children and their families in their homes or at school to identify their needs and refer them to appropriate agencies. With the assistance of WIC and First Steps funds, the RTL program also provides nutrition education, food, and early intervention assistance to low-income women, infants, and children. In spring 1999 an RTL secretary received training from the Department of Social and Health Services to process applications for medical coupons and food stamps which enables clients to receive these services without traveling to Wenatchee for an interview.

Consortium and Collaborative Agreements

The RTL Advisory Council formed in fall 1998, soon after a new administration took over the program. The new administration emphasizes improving community collaboration and establishing new working relationships with local agencies and service providers—problems experienced by the previous administration generated negative publicity that nearly led to the discontinuation of the program. The RTL Advisory Council is composed of superintendents from the four participating school districts, the program director, a local physician, the hospital administrator, the director of public health in Wenatchee, Catholic Family Services, and representatives from mental health agencies. The council meets monthly to formulate policy aimed at fostering access to medical, dental, and social services in the local community. The council directs the efforts of agencies and programs involved in RTL toward mutually determined goals and objectives to achieve a multidisciplinary approach to service delivery.

The North Chelan–Douglas County program has made formal or informal arrangements for family services with a variety of agencies and service providers. One notable accomplishment achieved during the 1998–99 school year was the establishment of a relationship with local dentists. Together council members and the dentists developed strategies to improve access to dental care for low-income families, such as the Smile-Savers preventative and restorative mobile dental clinics. The council also is addressing issues such as the availability of mental health services and the coordination of program services with municipalities, schools, law enforcement, and job service.

Services to Children and Families

Students may be referred to the RTL program by parents, teachers, counselors, or school administrators or they may self-refer, A home/school liaison meets with each student and family to assess their needs. Families are always involved in the development of their

Participating Families[1]	
1995–96	383
1996–97	699
1997–98	73
1998–99	96
Areas of Service to Families[2]	
Basic needs	66%
Child education	70%
Family functioning or mental health	69%
Parent involvement	39%
Physical health	91%
Adult education or employment services	0%
Reasons Children Referred[2,3]	
School problems	27%
Family issues	42%
Physical health needs	76%
Mental health needs	34%
Other	12%
Grade Level[2]	
Preschool	13%
K–5	63%
6–8	18%
9–12	5%
Family Characteristics[2]	
Two parent	78%
Single parent	22%
Other	0%
Number of Days Child Was Served[2]	
Less than 6	28%
6 to 20	37%
More than 20	35%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

care plans and in making decisions about which services they need and how the services will be provided. For many families, the liaison provides a link with the school that would not otherwise exist, particularly in the Hispanic community. Physicians may refer clients to the hospital-based RTL office, although the majority of clients self-refer to access social, medical, dental, nutrition, transportation, and counseling referrals and services. Two communities served by the program are predominantly Hispanic and the other communities have large Hispanic populations. The home/school liaisons and office-based staff are bilingual and bicultural.

During the 1998–99 school year, North Chelan–Douglas County RTL staff reported working with 96 families, including 144 children. As in 1997–98, the data reported here represent only a small portion of the services and outcomes to children and families in the program. Only one of the four participating school districts, Manson, submitted data on the children and families served by the program during 1998–99. Because of challenges related to the rebuilding of the program, such as high staff turnover, late start-up, and negative publicity, the data from the other school districts were lost.

On average, the families served by the program had five members, and more than three-fourths (78 percent) of the households had two parents. RTL staff averaged 22.9 contacts with each family and worked with 35 percent of families more than 20 times. Among the 144 children who were new to the program in 1998–99, 13 percent were in preschool, 62 percent were in kindergarten through Grade 5, 18 percent were in Grades 6–8, and 6 percent were in Grades 9–12. Seventy-six percent of the children were referred to the program for physical health needs, 42 percent were referred for family issues, 34 percent were referred for mental health needs, and 27 percent were referred for school problems. Most of the children were referred by a teacher (68 percent) and several children (14 percent) self-referred to the program.

RTL staff provided services to children and families primarily in the areas of physical health (91 percent of all families), the children's education (70 percent), and family functioning and mental health (69 percent). Program staff provided health screenings for 73 percent of the families, other medical care for 57 percent, and health insurance for 22 percent. The education-related services included behavior interventions for 53 percent of the families, student advocacy for 25 percent, and peer support groups for 19 percent. Program staff provided 63 percent of the families with child counseling and referred 10 percent to parent counseling.

Outcomes for Children and Families

Among the 96 families with whom program staff worked during the 1998–99 school year, 79 percent achieved outcomes in the area of health, 73 percent achieved outcomes in family functioning and mental health, and 63 percent achieved outcomes related to the children's education. The most common health outcome was an increased awareness of needs (68 percent of the families). In addition, 46 percent of the families obtained medical care, and 38 percent obtained medical check-ups. In the area of family functioning and mental health, 54 percent of the families improved their coping skills, 53 percent improved their self-esteem, 51 percent became better able to express themselves, 49 percent improved their social skills, and 48 percent improved their social supports. The children in 45 percent of the families improved their school behavior, became involved in positive activities (22 percent), and improved their educational plans (19 percent).

Complete teacher ratings were available for 18 elementary school students who participated in the RTL program for the first time during the 1998–99 school year. Teachers reported that 29 percent of these students slightly improved their academic performance between intake and follow-up and 33 percent slightly improved their school behavior. Parent involvement greatly improved. Teachers reported that the parents of 50 percent of these children increased their involvement in the children's education. The school record data submitted for middle and high school students were insufficient for analysis.

Success Stories

A high school principal referred a pregnant student to the First Steps and Readiness to Learn programs. RTL staff worked with the student to develop contacts with numerous service providers. Teachers, the First Steps nurse and social worker, a physician, the special education director, a DSHS social worker, and hospital staff all worked together to assist the young teen. The team helped place the teen and her baby in a foster home that provides much more support than her previous living situations. The school assists with home visits, First Steps staff provide care to both the mother and the baby, and the physician monitors the situation through collaboration with the home visitors. This cooperation has provided necessary support in a very high-risk situation.

Program staff offered 114 group activities that reached approximately 1,809 participants during the 1998–99 school year. Most of these activities aimed to improve participants' physical or mental health. Three activities were designed to reduce substance abuse or violence and five activities improved academic skills.

Nooksack Valley Family Services

Nooksack Valley School District

1993 Grantee

$48,000 in 1998–99

Introduction

Nooksack Valley Family Services serves the rural, border communities of Sumas, Everson, and Nooksack in northeastern Whatcom County. These communities are isolated from social and health service agencies and have limited public transportation. The goal of the program is to link children and families to appropriate available services.

The Nooksack Valley Readiness to Learn program is implemented by a family services team led by a family resource specialist who works with special services staff, home visitors, and community partners. The team provides information about services within the school and the community. The staff coordinates with volunteer agencies to transport clients to and from services in Bellingham; services as a liaison between home, school, and community; refers family to social service agencies; and provides case management to families who do not qualify through other agencies. The Nooksack Valley RTL program has evolved into both a service and an on-site, collaborative family resource center.

Consortium and Collaborative Agreements

A broad consortium of agencies—including Nooksack Valley, Lynden, Blaine, and Bellingham School Districts; Whatcom County Health; Head Start; the Early Childhood Education and Assistance Program; the opportunity council; Whatcom Community College; Bellingham Technical College; the Whatcom Literacy Council; Nooksack Food Bank; Nooksack Tribal Center; Northwest Youth Services; Western Washington University; the community health and safety network; and Brigid Collins House—meets quarterly to participate in program planning. The consortium of agencies and service providers developed the program plan and addresses service coordination and resource issues. The relationships among service agencies and providers are informal and interagency agreements are developed as necessary.

One of Nooksack Valley Family Services' primary accomplishments has been improving families' access to needed services. The program publicizes available resources and arranges for transportation, enabling families to participate. Due to geographical isolation, the program recognizes the importance of locating services closer to families. For example, Nooksack Valley School District provides space for community programs to offer services and classes. The Head Start and Even Start programs and parenting classes provided by Whatcom Community College and Bellingham Technical College are offered onsite at the school building where the family services team is based. In addition, Nooksack, Mount Baker, and Blaine School Districts have worked together to develop an alternative high school.

The RTL grant promotes a new level of collaboration and cooperation among schools and service providers in the community. Prior to the grant, no consortium existed and interagency collaboration occurred only in isolated cases. The family services team provides a means and process for referring and assisting children and families in need.

Services to Children and Families

All Nooksack Valley School District students and their families are eligible to participate in the program. School staff and community agencies refer children, although some families request services on their own. The

Participating Families[1]	
1995–96	132
1996–97	148
1997–98	185
1998–99	101
Areas of Service to Families[2]	
Basic needs	44%
Child education	87%
Family functioning or mental health	22%
Parent involvement	50%
Physical health	40%
Adult education or employment services	10%
Reasons Children Referred[2,3]	
School problems	58%
Family issues	46%
Physical health needs	25%
Mental health needs	11%
Other	24%
Grade Level[2]	
Preschool	4%
K–5	57%
6–8	22%
9–12	14%
Family Characteristics[2]	
Two parent	62%
Single parent	32%
Other	6%
Number of Days Child Was Served[2]	
Less than 6	89%
6 to 20	11%
More than 20	0%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

most common reasons for referral include a need for basic resources, poor attendance, school behavior problems, health needs, family problems, and academic problems.

After a family is referred to Nooksack Valley Family Services, an informal needs assessment is conducted. Information is provided to the family about services and linkages are coordinated with volunteer agencies to provide transportation to and from Bellingham. Staff serve as a liaison with schools, refer families to social service agencies, and provide direct services and case management, if necessary.

During the 1998–99 school year the Nooksack Valley family service team assisted 120 children in 101 families. The services most commonly provided by the program related to student advocacy, parent involvement in school, transportation, holiday food and gift baskets, health insurance, summer activities, school supplies and fees, parent involvement with their children, and health screening.

Nooksack Valley RTL program staff also reported providing group services to students and the community. The most common group services addressed family involvement in school and meeting families' basic needs.

Success Stories

Mary, a single parent of three elementary school-aged children, was overwhelmed with housing, legal, and financial problems. Mary was unemployed and her children often missed school or were late. Nooksack Valley Family Services helped Mary rid the family of a chronic lice problem and coordinated arrangements for Mary to fulfill a community service obligation at her children's school on the condition that the children's attendance improve. The benefits of Mary's placement in a janitorial position at the school far exceeded expectations. Mary and the children arrived on time every day, and Mary used her breaks to join her children at recess and lunch. Contact with the children's teachers became comfortable for Mary and her children enjoyed her presence at the school. Mary continued to work at the school during the summer and her children participated in the Best SELF summer education program at the school. Mary has been hired as a substitute janitor for the district. She has gained confidence in her employability and ability to participate in her children's education.

Outcomes for Children and Families

Teacher ratings at intake and at the end of the 1998–99 school year were available for only six elementary school-aged students. Two-thirds (67 percent) of these students demonstrated improvements in academic performance and school behavior.

Family Empowerment Project

Okanogan School District

1995 Grantee

$144,000 in 1998–99

Introduction

Okanogan School District's Family Empowerment Project, first implemented in fall 1995 to serve Okanogan, Oroville, and Tonasket School Districts, expanded in 1997–98 to also serve children and families in the Brewster, Grand Coulee, and Methow Valley School Districts and the surrounding communities. The project is based on a resiliency model and focuses on promoting and enhancing the protective factors in children's environments as a means of promoting healthy development.

Key strategies of the Family Empowerment Project include revitalization of the Okanogan County Interagency Consortium, formation of an interagency CARE (Committee for Accessing Resource Enhancement) team, and provision of family empowerment specialists in the school districts. North Central ESD's Safe and Drug-Free Schools program funding helps the family empowerment specialists conduct support groups in the schools for at-risk students. The specialists use these groups to identify families whose needs can be addressed by program services. In 1998–99 the project established a partnership with the WorkFirst program, whose participants received their checks through the Family Empowerment Project office. This arrangement created more channels for reaching families potentially in need of Family Empowerment Project services.

Consortium and Collaborative Agreements

The Okanogan County Interagency Consortium, which has met monthly since November 1995, oversees the Family Empowerment Project. A key feature of each monthly meeting is an inservice training by a member of the consortium. The Family Empowerment Project coordinator plans the consortium meetings; schedules cross-agency training; distributes a monthly newsletter; and facilitates volunteer trainings, fundraising activities, and resource enhancement. The Okanogan County Interagency Consortium has brought together a diverse group of agencies and service providers. In addition to representatives from the Okanogan County school districts, members include the Department of Social and Health Services; the Employment Security Department; Community, Trade and Economic

Development; Okanogan County Health District; drug prevention, traffic safety, and juvenile court services; Okanogan County Mental Health; and Community Action, North Central ESD's Safe and Drug-Free Schools program, the Colville Tribes, family planning, and many others. All human services providers are welcome to join the consortium. Members are expected to attend the monthly meetings, provide inservice trainings, act as sources and recipients of referrals, participate in the CARE team, and participate in service delivery reform activities.

The consortium has identified short- and long-term indicators of systemic reform in three areas: service integration, service delivery, and staff and community attitudes. In the area of service integration, the consortium's objective is to provide leadership and to make policy, procedure, and funding decisions through a collaborative process. A long-term goal of the consortium is to be viewed by its members as a viable method of communication and service integration. The consortium continues to integrate more area service providers and school districts into the program through partnerships such as that established with WorkFirst in 1998–99. Objectives in the area of service delivery include recognizing families' strengths as resources, eliminating the duplication of services, and enhancing the resources in each community. Long-term service delivery goals entail implementing a system by which agency representatives document the provision of services and helping families become volunteers who assist other families. In the area of staff and community attitudes, objectives include recognizing the culture and beliefs of each family as resources for that family. Over time, the consortium hopes to empower families to achieve self-sufficiency and contribute in a productive way to the larger community.

Services to Children and Families

Students are referred to the Family Empowerment Project by school staff, parents, peers, or staff from area agencies. Family empowerment specialists meet with students and their families who define and prioritize their own needs. If a family has more than two specific needs that necessitate more than a referral or telephone call, the family empowerment specialist conveys a list of the family's needs to the Family Empowerment Project coordinator who calls together the CARE team. The team meets with the family and the family empowerment specialist and together they develop a service delivery plan. Students and their families then receive referrals to appropriate services in the school or community. The family empowerment specialists act as advocates for the students and their families, providing school-based services and individual counseling to students and ensuring that families access needed services.

The Family Empowerment Project is linked with the North Central ESD's Safe and Drug-Free Schools program, which enables the family empowerment specialists to facilitate several support groups for students, including:

- **Concerned Persons**—for students who are concerned about the use of alcohol or other drugs by a friend or family member.
- **Good Choices**—for students who have made the decision to stop using alcohol and other drugs and want to learn how to remain drug-free.
- **Students in Transition**—for students who have experienced a loss in their lives due to death or divorce.
- **For Boys Only/For Girls Only**—for adolescent boys and girls who gather to discuss the issues they face.

Other activities provided or sponsored by the program's family empowerment specialists include parent and family support groups, presentations to community groups to promote awareness of the project and enhance the project's resource base, cross-agency trainings in networking and collaboration, and anti-drug use assemblies and drug-free rallies at high schools. Family empowerment specialists also work to enhance schools' resources by organizing activities such as tutoring and peer mediation.

Participating Families[1]	
1995–96	69
1996–97	85
1997–98	152
1998–99	92
Areas of Service to Families[2]	
Basic needs	48%
Child education	88%
Family functioning or mental health	87%
Parent involvement	38%
Physical health	39%
Adult education or employment services	1%
Reasons Children Referred[2,3]	
School problems	76%
Family issues	45%
Physical health needs	21%
Mental health needs	14%
Other	9%
Grade Level[2]	
Preschool	2%
K–5	50%
6–8	28%
9–12	18%
Family Characteristics[2]	
Two parent	37%
Single parent	45%
Other	17%
Number of Days Child Was Served[2]	
Less than 6	47%
6 to 20	46%
More than 20	7%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

Outcomes for Children and Families

The Family Empowerment Project experienced an almost complete staff turnover in fall 1998. School was well into the fall semester by the time new staff were hired. As a result, fewer families were served in 1998–99 than in the previous year. The Family Empowerment Project served 92 families, including 104 children, during the 1998–99 school year. The average size of these families was 3.7. Fewer than half (45 percent) of the households were run by a single parent and 37 percent were two-parent households. Family empowerment specialists worked with 47 percent of the families fewer than six times. The average number of contacts with each family served was 8.1. Half (50 percent) of the children served by the program were in kindergarten through Grade 5, 28 percent were in Grades 6–8, and 18 percent were in Grades 9–12. Students were referred to the project primarily for school problems (76 percent), family issues (45 percent), physical health needs (21 percent), and mental health needs (14 percent). Referral sources included teachers (31 percent), administrators (20 percent), and counselors (16 percent). Eighteen percent of the students self-referred to the program.

Success Stories

Concerned over a fifth grade boy's anger and behavior problems at school, the principal referred the boy, his sister in Grade 3, the children's mother, and the mother's boyfriend to the Family Empowerment Project. After meeting with the mother and discussing the family's needs, the family empowerment specialist determined that much of the boy's anger was due to not having clean clothes and problems with head lice. In addition, the boy did not get along with his mother's boyfriend. The Family Empowerment Project assisted the family in finding a washer and dryer and other needed supplies. The specialist linked the family with the county mental health agency for counseling and began counseling the children individually at school. To help the family become self-sufficient, the program helped the parents start a business making and selling wood products. The program purchased a business license for the family and helped the mother set up a bookkeeping system. Other community agencies provided lumber to help the business get started. The family plans to use its skills in carpentry, roofing, tile setting, and landscaping to help other families in need. The family appears happier and the son exhibits fewer anger and behavioral problems. The family has expressed a sense of accomplishment, pride, and success.

The services that family empowerment specialists provided to families were primarily in the areas of the children's education (88 percent of all families), family functioning and mental health (87 percent), and basic needs (48 percent). Family empowerment specialists provided 61 percent of the families with student advocacy services, 40 percent with behavior interventions, 28 percent with academic counseling, and 21 percent with peer support groups. In the family functioning and mental health domain, family empowerment specialists provided or referred 76 percent of families to child counseling services, 30 percent to family counseling, and 16 percent to parenting counseling services. Family empowerment specialists referred 15 percent of families to public assistance services, 13 percent to legal assistance services, and 12 percent to housing services. Family empowerment specialists plan to continue serving 27 percent of all of the families that they served during the 1998–99 school year.

Specific outcomes were reported for the 92 families served. The majority of these outcomes were in the areas of family functioning and mental health (82 percent of all families), children's education (65 percent), and basic needs (42 percent). Families achieved improved communication (36 percent), school behavior (32 percent), social supports (29 percent), self-esteem (23 percent), and anger management (23 percent). Children in 37 percent of the families improved their school behavior, educational plans (24 percent), academic skills (16 percent), and children in 15 percent of the families increased their involvement in positive activities. In the area of basic needs, family empowerment specialists reported that 16 percent of the families obtained legal assistance and 13 percent obtained public assistance.

Project staff submitted completed teacher ratings for 42 elementary school students who were new to the project during the 1998–99 school year. Teachers rated 38 percent of these students as having improved their academic performance, 36 percent as having improved their school behavior, and 17 percent as improving their school attendance after receiving services through the Family Empowerment Project. Teachers rated an improvement in parent involvement in 29 percent of the cases. Among the nine middle and high school students for whom GPAs were submitted, five improved their academic performance. Among all elementary, middle, and high school students with complete school attendance data, 57 percent improved their attendance by the end of the 1998–99 school year. Of the 18 students who had at least one disciplinary infraction reported at baseline, 89 percent improved in this area by spring 1999.

Project LOOK: Learning Outreach Organization for Kids

Highline School District
Project LOOK Consortium

1993 Grantee
$118,636 in 1998–99

Introduction

Project LOOK is an award-winning Readiness to Learn program that provides comprehensive academic, social, and health services to children and their families living in low-income apartment complexes. The program serves children who attend Highline School District's Madrona, Seahurst, and Hazel Valley Elementary Schools and live in three large apartment complexes near those schools. Project LOOK provides academic assistance through community partnership centers located at the apartment complexes. The sites are staffed seven hours a day by teachers, paraeducators, and volunteers who offer academic tutoring and mentoring to children and coordinate social services for families. An evening program that provides tutoring, leadership opportunities, and community service activities for middle school students serves as an alternative to gang membership. High school students are trained as tutors and receive high school credit.

The community partnership centers provide direct services to children and families through collaboration with social service agencies. Staff conduct home visits and link families to a wide range of educational and social services with assistance from social workers. Project LOOK continues to generate enthusiasm in the community and attract visitors from around the country.

Consortium and Interagency Agreements

Highline School District is responsible for the planning and implementation of Project LOOK. The oversight committee that sets policies for Project LOOK meets regularly to engage in ongoing program planning. Program staff meet biweekly to brainstorm ways to better support children and to plan upcoming activities. Project LOOK has also established parent councils at each site to actively involve parents in planning and implementing program activities at the apartment complexes.

The focus among social service providers in the Highline School District has shifted from providing services as individual agencies to engaging the cooperative coordination of services to children and families. Initially, Project LOOK called the community partnership centers "apartment schools," but a dramatic increase in the number of agencies that provide services on site prompted the Project LOOK consortium to call the sites community partnership centers. Improved collaboration has reduced service overlap and resulted in a more holistic understanding of families' needs. For example, program staff attend school-based meetings when the needs of specific students are being discussed and school counselors frequently attend Project LOOK staff meetings. Seattle-King County Public Health has allocated two part-time public health nurses to the program, and the King County Sheriff's Department has allocated two part-time community service officers to work with the program. Community partnership center staff at Seahurst Village Apartments work with police, community leaders, apartment management, and parents to plan and implement a crime prevention and intervention program. In addition, apartment management has an eviction policy for families involved in crime, and police have persuaded gang leaders to discontinue their activities in the apartment complexes. In 1997 the city reported that at the Seahurst Village Apartments crime had decreased 53 percent over the previous two years.

Project LOOK has received state and national recognition for its efforts, including the 1998 Award for Excellence in Community Collaboration for Children and Youth from six national associations, an Unsung Hero Award from Northern Life Insurance in 1997, and a Community Partnership Award from the Department of Social and Health Services in 1995. Project LOOK was recognized in 1996 as a national model by Mario Moreno, Assistant Secretary of the U.S. Department of Education, for its effective, efficient delivery of services. Mr. Moreno commented that such a program is an ideal use of Title I funds.

Services to Children and Families

Project LOOK aims to respond to the needs of children and families identified by school staff as likely program participants due to failing grades or severe behavior problems. The community partnership center concept works well where many children with educational needs live in close proximity. More than 200 children who live at Seahurst Village Apartments attend Seahurst Elementary School. Because the program can handle about 50 students at one time, there is always a waiting list. When an opening for a new student becomes available, a family advocate visits the family to explain the program and assess family needs.

The community partnership centers provide opportunities for academic tutoring and enrichment, fill a time during the day that was previously empty or unstructured for participating children, and provide a safe haven. As soon as the elementary school day is over, students start arriving at the community partnership centers. Volunteers, university interns, and staff mentor students and offer tutoring in reading and math, and students can use the computers to play educational games or to work on assignments. Students also help prepare snacks as part of lessons in nutrition and hygiene. The impact of Project Look is becoming apparent.

Since 1996–97 the program has served middle school students with assistance from SWAY, a community development youth group. Intended as an alternative to gang membership, the middle school evening program offers tutoring, community service activities, and leadership training. Students must meet academic criteria to remain in the program.

An important strength of Project LOOK is the delivery of services to the entire family unit where the families live. For example, parents may attend ESL, GED, and parenting classes at the community partnership centers. A family advocate conducts home visits and provides case management. An alcohol and drug prevention specialist makes presentations at the community partnership centers and provides assessment services for families. Public health nurses provide health assessments and coordinate access to services. A social worker coordinates access to social services such as medical coupon benefits and substance abuse treatment. Police officers make presentations to children on safety topics

Participating Families[1]	
1995–96	63
1996–97	61
1997–98	103
1998–99	128
Areas of Service to Families[2]	
Basic needs	99%
Child education	99%
Family functioning or mental health	73%
Parent involvement	88%
Physical health	88%
Adult education or employment services	41%
Reasons Children Referred[2,3]	
School problems	76%
Family issues	51%
Physical health needs	5%
Mental health needs	3%
Other	31%
Grade Level[2]	
Preschool	4%
K–5	83%
6–8	13%
9–12	0%
Family Characteristics[2]	
Two parent	45%
Single parent	48%
Other	7%
Number of Days Child Was Served[2]	
Less than 6	2%
6 to 20	27%
More than 20	71%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

and work as friends and advocates for children and families. A bicultural and bilingual counselor is available to accompany parents to school meetings.

Project LOOK has demonstrated resourcefulness by approaching businesses, local government offices, and community organizations to access services beyond those available through consortium members to meet special needs. For example, a family living at one of the apartment complexes was evicted and resorted to camping at a state park. A police officer who works with the community partnership centers arranged with the park ranger to waive the nightly camping fee while the program social worker found the family an apartment. A public health nurse provided food. Local businesses donated furniture, sundries, and groceries. In another case, a GED participant told the a staff member that she was out of food and baby formula. Within minutes, the social worker and a public health nurse arrived with formula, diapers, food stamps, and groceries for the family.

Each year the program continues to expand, with more agencies offering services on site. Impressed with the accomplishments of Project Look at the Seahurst Village Apartments, the apartment management donated a second apartment, which is used as a computer lab and serves as an office for police officers involved in the crime prevention and intervention program. Consejo Counseling and Referral Service provides weekly bilingual group counseling sessions for Latino children and offers individual counseling or therapy to families. Adult classes in ESL, GED preparation, computer literacy, and parenting have all been well received.

Participant Outcomes

The principals and teachers of the referring elementary schools have reported that children who participate in Project LOOK are more motivated and are making significant academic progress. To document these student outcomes, Project LOOK staff asked classroom teachers to rate the school success of students who participated in the program. The data suggest evidence of improved success in school performance, attendance, behavior, and parent involvement.

In 1998–99 teachers indicated that half (50 percent) of the 126 students who were rated at both intake and exit showed improvement in their classroom performance. Attendance and classroom behavior were not major concerns for these students and teachers reported only a moderate improvement in these areas. Teachers also observed increased parent involvement in school for two-fifths (39 percent) of the 84 students rated in this area.

Family issues are often at the heart of the children's problems in school. Program staff recorded positive child education outcomes for 91 families. Seventy-one percent of all the families served involved their children in positive activities, 91 percent improved their children's academic skills, 81 percent improved school attendance, and 84 percent improved school behavior. The program helped 125 families meet some type of basic needs. These families primarily obtained food (98 percent) or clothing (91 percent) or received reduced-cost meals (89 percent). Improved parent involvement with school was reported for 104 families. Adult education and employment outcomes were reported for 49 families; of these, 28 parents obtained employment and eight obtained a GED. Staff noted physical health outcomes for 117 families. Seventy percent of all the families served received nutrition guidance, 33 percent obtained medical coverage, and 44 percent obtained medical care. Mental health and family functioning needs were also met for 90 families. The primary outcomes reported in these areas were improved social support (63 percent of all families) and improved social skills (61 percent). In addition, members of over half of the families improved family communication, became involved in positive activities, improved self-esteem, and improved their coping skills.

Success Stories

Jennifer, a single parent, lost her youngest child when he was struck by a car while riding his bicycle around the apartment complex. In September a teacher referred Jennifer's other two children to Project LOOK. The children were falling behind in their schoolwork and needed emotional support. A home visit revealed that the mother was still grieving over the death of her son and desperately needed help. Jobless, she was on assistance and was taking prescription pills for depression.

Center staff helped Jennifer apply for family counseling and assisted in placing her in a job to support her family. They provided food, clothing, holiday gifts, and emotional support. By the end of the school year, Jennifer was a changed person. She had moved her family into a larger apartment, was working three jobs, and no longer needed medication. Her two children were making both academic and emotional progress.

Quillayute Valley Consortium

Quillayute Valley School District

1993 Grantee
$115,200 in 1998–99

Introduction

The Quillayute Valley Readiness to Learn program operates within the Quillayute Valley School District, which serves approximately 1,200 students in an elementary school, a middle school, a high school, and an alternative school. The program employs one part-time and two full-time family service advocates and has a family service assistance team made up of, for the most part, representatives from social service agencies throughout Clallam County. Policies and administrative decisions are made by a consortium management team composed of representatives from social service agencies, the school district, and the local Quileute and Hoh Tribes. The Quillayute Valley School District, a large, rural area in the far northwest corner of the state of Washington on the Olympic Peninsula, is bounded on the west by the Pacific Ocean and on the east by Olympic National Park. Situated in Clallam and Jefferson Counties, Quillayute Valley School District includes two Indian reservations. The significance of the district's geographic and political boundaries is that it must deal with four governmental agencies: the two tribes, which have their own administrative structures and services, and the two counties.

Consortium and Interagency Agreements

The Quillayute Valley Consortium is made up of 13 agencies and organizations in Forks, including the Quillayute Valley School District, West End Outreach Services, Forks Abuse Program, the Quileute Tribal School and Tribal Health Center, Sunshine and Rainbows (a day care center), the Department of Social and Health Services, Child Protective Services, and the Department of Juvenile Justice. Representatives of these organizations meet quarterly to discuss policy, personnel, budget planning, program planning, and evaluation issues for the program. In 1997–98 the consortium added a link to the AmeriCorps Family Literacy Program and established relationships with three new counselors. In 1998—99 the Quillayute Valley Consortium received a grant to hire an on-campus police officer. The presence of this officer has resulted in improved communication and collaboration between the schools and the police department.

The Quillayute Valley Consortium has established a family service assistance team that collaboratively works to secure assistance for families, ensuring that their needs are comprehensively met. No coordination of this kind previously existed in the area. Under the previous social service delivery system, families were often served in isolation and their needs were not adequately addressed. The family service assistance team meets monthly to discuss families identified by team members as being in need of services beyond those provided by RTL. Members of the family service assistance team include the family service advocates and representatives from the Forks Abuse Program, West End Outreach Service's Mental Health Program, the Department of Social and Health Services, Child Protective Services, the tribes, the Health Department, the Employment Security Department, and the schools in the Quillayute Valley School District.

The family service advocate team members support each other in meeting the needs of the many families who require intensive services and facilitating the referral process among social service agencies. Family service assistance team meetings foster ongoing communication with the agencies, which helps to avoid the duplication of services, increases coordination among the service agencies in the area, and results in the effective delivery of services to more children and families. The family service assistance team was especially successful in linking students and families to medical, dental, and mental health services in 1998–99. For example, the consortium collaborated with the county dental coalition to bring more dentists who accept Medicaid patients to the Forks community. Team members were, however, sometimes frustrated over the long waiting periods for mental health services due to the large number of referrals and an insufficient number of therapists specializing in the needed areas of expertise.

In 1998–99 the consortium developed the Racial Harmony Team, which assists in coordinating classroom exchanges between the elementary school and the nearby tribal school. One activity sponsored by the team during 1998–99 was scheduled during Elders Week, which promotes the Native American cultural value of respecting, honoring, and learning from elders in the community. The Racial Harmony Team is composed of counselors and family service advocates and meets regularly to solve problems related to racial and cultural issues. Team members receive training twice a month throughout the school year.

Services to Children and Families

The Quillayute Valley Consortium RTL program employs one part-time and two full-time family service advocates (a full-time advocate and the part-time advocate serve the elementary school and a full-time advocate serves the middle, high, and alternative schools). One of the advocates also serves as program coordinator. Family service advocates generally act as case managers for the students and families referred to the program. The advocates also use their special language and cultural skills to assist each other in providing services. One family service advocate specifically works with Hispanic students and families, providing translations when necessary and conducting home visits to encourage Spanish-speaking high school-aged students to enroll in regular high school classes or *Esuela a Mi Modo* (School My Way), a program geared toward working students. Another advocate works with Native Americans and provides transportation to Indian health service clinics.

Family service advocates are employees of the school district and have offices in the schools they serve. At the middle, high, and alternative school level, the advocate provides case management, referral, and counseling services; transportation; help completing forms for public assistance; employment services; job training; and other services, such as tutoring, as needed. The family service advocates at the elementary school level provide many of

Participating Families[1]	
1995–96	140
1996–97	150
1997–98	146
1998–99	119

Areas of Service to Families[2]	
Basic needs	39%
Child education	85%
Family functioning or mental health	4%
Parent involvement	3%
Physical health	12%
Adult education or employment services	0%

Reasons Children Referred[2,3]	
School problems	25%
Family issues	22%
Physical health needs	29%
Mental health needs	3%
Other	73%

Grade Level[2]	
Preschool	1%
K–5	52%
6–8	25%
9–12	23%

Family Characteristics[2]	
Two parent	68%
Single parent	17%
Other	16%

Number of Days Child Was Served[2]	
Less than 6	78%
6 to 20	21%
More than 20	1%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

the same services—in particular, case management, referrals, and counseling. The elementary school advocates also make home visits to families, conducting interviews and making observations.

Family service advocates play key roles in regular meetings held throughout the school year. In addition to serving on the family service assistance team, advocates work with child study teams that regularly meet at the schools to discuss the service needs of individual students of concern. These teams are also staffed by counselors and teachers. Family service advocates interview families to determine the services needed. These needs assessments and the recommendations of the child study teams are used to determine which services to link children and families to. The advocates prefer obtaining family input concerning the services children will receive, but have reported that input is often not available or provided.

According to the family service advocates, referrals to the program in 1998–99 were usually made by teachers and other school staff. In addition, about 16 percent of the students contacted the program themselves. Many referrals to the program were made because of limited English proficiency, academic problems, basic family needs, and attendance and school behavior problems, but over half (64 percent) of the referrals to the program were made for other reasons. Family service advocates generally do not screen referrals, preferring instead to consider all referrals and determine the services appropriate for the needs of each student.

The program offers students activities designed to improve health and academic skills. The consortium implements a mentor program to assist students entering middle school who are identified as being at risk in Grade 5. Mentorship pairs work together once a week. The mentor program also exposes youngsters to possible future occupations to provide them with motivation to continue in school and to do well. The program also serves families and community members through organized activities that promote family involvement in school and provide social and recreational opportunities. In 1998–99 many students and families were referred to the first book project or the holiday adoption program.

Outcomes for Children and Families

The Quillayute Valley Consortium served 119 families during the 1998–99 school year. Two-parent families (both parents or parent and stepparent) made up 68 percent and single parent families made up 17 percent of the families served. Services were largely concentrated in the areas of children's education and meeting basic family needs. Program staff worked with 78 percent of the families for fewer than six days and another 21 percent for six to 20 days. The program reported outcomes for the 92 of the 101 families that received services related to the children's education, and 61 percent of those families became involved in positive activities, 10 percent achieved success in an alternative program, 8 percent showed improvement in school attendance, and 7 percent demonstrated improved academic skills. Thirty-nine percent of the families served received services to meet basic needs. At the end of 1998–99 RTL staff reported plans to continue working with 68 percent of the children served. Five percent either declined further participation or moved from the area.

Success Stories

Sophia is a 15-year-old girl who over the past two years has been asked to leave both her mother's and grandmother's homes because of her frequent angry outbursts, acts of aggression, and refusal to follow house rules. She has had ongoing substance abuse problems. Her mother left her at age 5 with an extremely abusive father, but after he physically assaulted her three years ago, she was returned to her mother's home. Consortium agencies attempted to keep the family together with an intensive family preservation plan, but these efforts eventually failed. Sophia is currently living as a foster child with the teacher of her behavior management class. She has been incarcerated a number of times for probation violations, usually because of substance abuse. She continues to struggle with the pull of the dysfunctional lifestyle she was raised in, which her family continues to practice. She lacks a sense of self-worth and recently attempted suicide. Fortunately, her teacher/foster parent is providing the opportunity for Sophia to experience successes through appropriate classroom goals, a quality lifestyle, consistency in rules, and job training at a local restaurant. Sophia has had a tremendous amount of support from all of those who work with her closely, including her family service advocate. In the past two years she has transformed from a nonfunctioning student academically to an honor roll student with good attendance. She will graduate with the rest of her Grade 8 class in June. The road will undoubtedly to be bumpy for her in the future, but with continued support from teachers, counselors and staff, she will have the opportunity to achieve her goals.

Of the 185 children served during the 1998–99 school year, 52 percent were in kindergarten through Grade 5, 25 percent were in Grades 6–8, and 23 percent were in Grades 9–12. Intake and follow-up teacher ratings for first year participants were available for only two elementary and middle school students, perhaps due to the fact that their family service advocate was on sick leave after major surgery. Teachers reported that one of the two children showed improvement in academic performance, school behavior, and parent involvement in school.

School records data available for 15 students indicated that 33 percent of these students improved their GPAs. The data on attendance indicated that 18 percent were absent less often in the spring quarter of 1999 as compared with the spring quarter of the previous year. Only three students entered the program with suspensions for disciplinary reasons; they decreased the number of suspensions by one-third. Of the seven students referred to the school office for disciplinary reasons, an average increase in the number of office referrals occurred in the spring quarter of 1999.

High school success indicators were not available for all of the students served during 1998–99. Second-year follow-up GPA information was available for 14 students—29 percent of these students showed improvement in the spring quarter of 1999 as compared to the previous spring quarter. Attendance data on 26 students with whom program staff worked for a second year indicated that 23 percent showed improvement, although overall the number of days absent increased by 2.88 days from 1997 to 1999. Over half of the nine students had fewer office referrals, and a 50 percent decrease in the number of office referrals occurred among for the four students who had been suspended.

The Quillayute Valley Consortium offered seven group activities to a total of 672 participants during the 1998–99 school year. These offerings included four activities to inform the community about the program, one to inform community members about existing community services, and two to provide social or recreational activities. The program coordinated with Forks Abuse to conduct workshops on sexual harassment for school staff.

Seattle Readiness to Learn

Seattle Public Schools

1993 Grantee
$344,464 in 1998–99

Introduction

The Seattle Readiness to Learn program—a collaboration of the city of Seattle, Seattle Public Schools, and community social and health service providers—emphasizes services to ethnic minority students and families for whom English is a second language. The program has three major components: school and community service integration teams, school-based group activities, and transition support services.

During the initial year of operation (1993–94), six elementary schools, one middle school, and three high schools developed expanded school intervention teams that include school staff and representatives from community social and health service agencies. Since then, many schools throughout the district have established expanded intervention teams. The teams, which meet regularly to develop service plans with students and families, support program services and activities using existing resources in the schools and community and by accessing a flexible service purchase fund.

School intervention teams may apply to the consortium for funding to provide group activities that serve students, parents, or teaching staff with common needs or interests. Examples include after-school tutoring programs, social skills development workshops, parenting classes, cultural awareness workshops for families, job readiness support for homeless or bilingual families, and staff workshops on learning disabilities. The program's steering committee evaluates the team proposals carefully and approves those that are consistent with the program's goals and likely to have the desired impact. In addition, the program's Success No Less component assists students and their parents during the transition from middle school to high school. The transition services are designed to support students and families in the new setting and to link families to school and community resources.

Consortium and Interagency Agreements

The consortium for Seattle Readiness to Learn evolved from existing coalitions that collaborated to develop a grant proposal. All ten participating schools had previous experience with community-based services, and most had internal staffing teams. The program has sought to build on these teams by bringing community-based social service providers into partnership with school teams. Partnerships are strengthened at the local school level by the participation of 40 agencies in school service planning teams. Through involvement with these teams, school staff learn about agency services and how to access them while agency staff have the opportunity to work with both school staff and families.

A consortium steering committee composed of representatives from the city of Seattle, Seattle Public Schools, the Seattle-King County Department of Health, the Division of Child and Family Services, and the Employment Security Department meets monthly to oversee the program, setting policy as necessary. The city of Seattle and the Seattle School District entered into a formal interagency service agreement to administer the RTL grant. As expanded school intervention teams have been formed, health and social service providers and individual schools have also developed interagency agreements. In addition, specific partnerships have been formed to implement certain components of the program.

Although district schools have had school intervention teams for some time, the inclusion of community agency staff and parents was a new concept. Building on experience with the original ten participating schools, Seattle Readiness to Learn has successfully increased the number of expanded teams throughout the district. During 1995–96 the program developed an extensive implementation manual and a video on the school intervention team model. Since then, a series of districtwide workshops featuring the expanded team process have been offered. Thirty-eight schools received training in two workshops conducted in May 1997, and an additional 18 schools received training during 1997–98.

Anecdotal reports from school intervention teams that have attended these workshops suggest that many schools have made efforts to implement expanded teams and incorporate family-centered approaches. For example, Dearborn Park Elementary School, which is not a program site, sent a team of staff members to one of the workshops. The team developed and implemented a plan to achieve the objectives of family-centered service planning and community involvement. Since then Dearborn Park has successfully incorporated parents into expanded school intervention team meetings. As a result, student interventions have been more meaningful and parents and teachers communicate more. One agency representative has joined the team and the school is actively seeking other representatives.

In 1997–98 the concept of an all-school team was introduced in several elementary schools. In the fall and spring each classroom teacher briefly reviews the strengths and concerns of all the students in his or her classroom with the school intervention team. This systematic review process has resulted in referrals that might not otherwise have been made.

In the spring of 1998 city staff conducted a survey to assess the success of the school intervention teams. Of the 70 school teams that responded, most were quite positive about their overall success and their ability to involve families, but integration with community agencies appeared to be limited. Intervention teams reported family involvement in about half the cases and family attendance at team meetings about one-third of the time. Surprisingly, the middle schools teams were reported to be particularly effective. Only 15 teams indicated community agency staff attendance at team meetings, though other forms of agency involvement might have occurred.

Despite the successful program expansion, Seattle Readiness to Learn has experienced some difficulties. Many of the barriers to success relate to differing attitudes among agency and school personnel. For instance, some community agency staff believe that school teams are oriented toward school concerns rather than broader family needs, whereas some school teams have reported difficulty involving parents on expanded school intervention teams. One participating high school has experienced high staff turnover and great difficulty sustaining a functional team that includes families and community representatives. The school intervention teams have sometimes had widely varying interpretations of the best ways to serve children and families, but the consortium has worked to maintain the integrity of the program while remaining flexible. In addition, group activity proposals have been of mixed quality and many are not funded.

Services to Children and Families

School staff refer to the Seattle Readiness to Learn school intervention teams children who demonstrate academic problems, poor attendance, inappropriate behavior, or other risk factors. If preliminary information about a child indicates that the issues are beyond the scope of the regular intervention team, the expanded team approach is used. Parents are invited to attend meetings of the expanded school intervention teams when their child is referred to a team for assessment. A typical team meeting might draw on the expertise of the child's teacher, the school nurse, the school counselor, a DCFS caseworker, a child and family therapist from a local nonprofit agency, or a public health nurse. Some schools advocate meeting with families at home or at other convenient community locations rather than at school. During the meetings team members discuss concerns with parents and obtain information about family needs before making service recommendations and referrals to school- and community-based services. Typical services include nutrition counseling, tutoring or mentoring, assistance with food and clothing, translation assistance, behavior management and other parenting skill training, and mental health counseling (primarily for the child). The flexible fund allows for the purchase of services such as counseling, transportation, and emergency goods.

Seattle Readiness to Learn has reported that Success No Less, the high school transition support component, provides an entirely new service for children and families in the Seattle area. Two staff members who work intensively with 40 to 50 Grade 9 students referred by middle school counselors teach study skills, monitor attendance, arrange for tutors, collaborate with classroom teachers, and conduct home visits. Staff involve the students and parents in a self-assessment to increase engagement in the process. The staff have also helped bring agencies into schools to provide information on teen health, mental health, anger management, counseling, time management, and other topics.

Participant Outcomes

The school teams identified specific outcomes achieved by the 376 families who participated in the Seattle Readiness to Learn program in 1998–99. In the area of child education these families developed an educational plan (74 percent), improved academic skills (68 percent), and became involved in positive activities (53 percent). Basic needs were met for families who obtained food (101 families) and clothing

Participating Families[1]	
1995–96	427
1996–97	498
1997–98	344
1998–99	376
Areas of Service to Families[2]	
Basic needs	56%
Child education	98%
Family functioning or mental health	54%
Parent involvement	48%
Physical health	33%
Adult education or employment services	1%
Reasons Children Referred[2,3]	
School problems	94%
Family issues	25%
Physical health needs	7%
Mental health needs	4%
Other	17%
Grade Level[2]	
Preschool	2%
K–5	59%
6–8	30%
9–12	10%
Family Characteristics[2]	
Two parent	45%
Single parent	45%
Other	11%
Number of Days Child Was Served[2]	
Less than 6	18%
6 to 20	50%
More than 20	31%

[1] Some families served in more than one year.

[2] In 1998–99.

[3] Because children were referred for multiple reasons, percentages do not add to 100.

(234 people in 97 families), participated in free or reduced-cost meal programs (126 families), or fulfilled other basic needs. Positive parent involvement was reported for 211 families that demonstrated increased cooperation with the school and became more involved with school activities. Project staff reported family functioning and mental health outcomes for 222 families. These families improved self-esteem, social skills, or social supports. Health needs were met for 129 families whose outcomes included obtaining checkups, receiving medical coverage, and improved nutrition.

Teacher reports for 139 elementary school students who participated in Seattle Readiness to Learn also indicated improvement in academic performance, attendance, and school behavior. Academic performance in the classroom improved for half (48 percent) of these students. Classroom teachers observed few problems with class attendance and tardiness among the elementary school students and moderate improvement among those with such problems. Teachers observed fewer behavior problems among one-third (33 percent) of these students.

Over half (55 percent) of the secondary students served by the program's expanded school intervention teams had a higher GPA at the end of the school year. School records for 201 of the students served by Seattle Readiness to Learn did reveal an average 0.8 day per school quarter increase in the number of days each child was absent, but this increase was greatest among the older students who transitioned into high school. Their absences doubled from 4.5 days per quarter to 8.9 days per quarter.

South Chelan–Douglas County

North Central ESD (Wenatchee)

1993 Grantee
$117,720 in 1998–99

Introduction

The South Chelan–Douglas County Readiness to Learn program serves children and families in Cascade, Cashmere, Eastmont, Entiat, Orondo, Palisades, and Wenatchee School Districts in southern Chelan and Douglas Counties. The program contracts with Catholic Family Services and the Children's Home Society to provide family service workers who conduct home visits and serve as family advocates. The family service workers have developed strong relationships with school staff members and community service providers and have been the key to increased communication among families, schools, and social service agencies in the area. Two Spanish-speaking family service workers provide services to Latino children and families.

Through the RTL grant the South Chelan–Douglas County program has implemented a referral and support system that links needy families with appropriate services. The Wraparound Intake and Review Committee (WIRC) provides service delivery coordination in certain cases involving children or families in severe crisis. The Chelan/Douglas Regional Support Network (RSN) provides support for the full-time WIRC coordinator, and local school districts contribute flexible funds to meet immediate family needs in the areas of health, safety, food, transportation, and housing and to connect families to meaningful community activities. The 12 to 15 program, school, agency, and parent representatives who compose WIRC meet weekly to solve problems and network services for the community's most challenging students and to make decisions on flexible funding requests. The program brings families together through a wide range of activities available to children, such as team sports, karate classes, YMCA memberships, dance classes, music and voice lessons, and tutoring. RTL also developed therapeutic horseback riding programs in the Wenatchee and Leavenworth areas.

78

Consortium and Collaborative Agreements

The Chelan/Douglas County Children's Interagency Council began meeting in 1986. In 1993 the RTL program provided the impetus for the group to move beyond sharing information to connecting education with social and health services. The Children's Interagency Council includes representatives from numerous organizations, including Chelan County Juvenile Justice, Douglas County Juvenile Justice, the Division of Child and Family Services, the Chelan County Health District, the Chelan/Douglas Regional Support Network, the community health and safety network, the Children's Home Society, Catholic Family Services, and several other private, nonprofit organizations. The Children's Interagency Council meets monthly and functions as the policymaking body for the program. The council addresses issues of service coordination, establishes the program's direction, and works to fill gaps in services for children and families. The council has successfully become institutionalized in the community.

Services to Children and Families

A primary focus of the South Chelan–Douglas County program is prevention in the form of early intervention and meaningful community activities that strengthen the individual and the family. Students are referred to the family service workers primarily by school counselors who receive referrals from teachers. Students may be referred to the

Participating Families[1]	
1995–96	80
1996–97	81
1997–98	150
1998–99	131
Areas of Service to Families[2]	
Basic needs	57%
Child education	89%
Family functioning or mental health	76%
Parent involvement	60%
Physical health	25%
Adult education or employment services	21%
Reasons Children Referred[2,3]	
School problems	80%
Family issues	65%
Physical health needs	18%
Mental health needs	28%
Other	28%
Grade Level[2]	
Preschool	4%
K–5	38%
6–8	38%
9–12	20%
Family Characteristics[2]	
Two parent	56%
Single parent	33%
Other	11%
Number of Days Child Was Served[2]	
Less than 6	42%
6 to 20	49%
More than 20	9%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

program because of poor academic performance, physical health problems, or safety concerns. If intensive services are needed, family service workers may pass referrals on to WIRC, which helps families develop wraparound service plans that are implemented with the assistance of family service worker case managers. The family service workers link families to available services and determine whether their needs have been met. Any policy or resource issues that arise are referred to the Children's Interagency Council for discussion and resolution. Some of the services available to students and families through the RTL program include anger management support groups, parenting classes, scholarships to YMCA camps or other special activities, and a ten-week horsemanship program that helps students build self-confidence and self-esteem. Additional services are available though interagency agreements with mental health counselors, medical providers, the WIC program, the housing authority, and other agencies.

Outcomes for Children and Families

During the 1998–99 school year the South Chelan–Douglas County RTL program served 131 families, including 138 children. The program continued the implementation of several strategies initiated during the 1997–98 school year to reach more children and families, including reaching out to Latino children and families and improving data collection activities. Four percent of the children served by the program in 1998–99 were of preschool age, 38 percent were in kindergarten through Grade 5, 38 percent were in Grades 6–8, and 20 percent were in Grades 9–12. Primary reasons for referral to the program were school problems (80 percent), family issues (65 percent), mental health needs (28 percent), and physical health needs (18 percent). Students were most likely to be referred to the program by a school counselor (47 percent). Nineteen percent of students self-referred to the program, 12 percent were referred by a teacher, and 11 percent were referred by a school administrator.

On average, the families who participated in RTL services had 4.4 members and over half (56 percent) of the households had two parents. Staff worked with half of the families (49 percent) six to 20 times during the year. Most families participated in services related to their children's education (89 percent), family functioning and mental health (76 percent), or parent involvement (60 percent). In the area of children's education, 70 percent of families received assistance with student advocacy, 50 percent received academic counseling, 47 percent participated in after-school or evening activities, and 47 percent received assistance with behavior interventions. The services that family service workers provided in the area of family functioning and mental health services included child counseling for 59 percent of families, family counseling for 32 percent, and parent counseling for 29 percent. Family service workers referred to or provided parenting education to 39 percent of the families, parent support groups to 28 percent, and parent and child involvement activities to 21 percent.

The three areas in which most families achieved outcomes were children's education (69 percent of the families), family functioning and mental health (69 percent), and parent involvement (60 percent). Children improved their academic skills (45 percent of the families), school behavior (44 percent), and educational plans (44 percent). Among the families who achieved family functioning and mental health outcomes, 51 percent improved communication with providers, 47 percent improved their self-esteem, 42 percent improved their school behavior, 42 percent increased their involvement in positive activities, and 38 percent improved their ability to express feelings. Thirty-nine percent of the families improved their responses to their children, 30 percent increased their school involvement, 30 percent increased their involvement in their child's school work, and 29 percent improved their parenting skills.

Success Stories

Jeff was referred to RTL because he was failing Grade 7. The family service worker visited his family's isolated home to assess their strengths and needs. The family shared their concerns about Jeff's anger—he was both physically and emotionally abusive to his family. Jeff's anger also caused problems at school. Jeff's parents were unemployed and did not know what resources were available to them. The family service worker helped the family obtain medical coupons and health care, family counseling, and employment assistance. A few months later Jeff received a long-term suspension from school for threatening a teacher. He was ordered to obtain an alcohol and drug evaluation, a complete mental health assessment, a physical examination, and ongoing counseling. The family service worker arranged appointments and transportation for Jeff and his family. Jeff began an abbreviated school program with a personal instructor, and a team that included his counselor at the alcohol and drug center, a therapist, a school counselor, the school psychologist, a teacher, a DSHS caseworker, the family service worker, and Jeff's parents met regularly to monitor Jeff's behavior and progress. The team referred Jeff to a child psychiatrist who prescribed medication that helped him focus on school. Jeff's school day was eventually extended to a normal schedule and he began working with the family service worker on the Grades 7 and 8 regular education curriculum. He was able to achieve a 4.0 GPA and honor role status.

Teacher ratings were reported for 25 elementary school children who participated in the program in 1998–99. According to their teachers, these children greatly improved their class participation and overall class performance. Overall, the teachers rated 75 percent of these children as having improved their academic performance. The teachers also indicated that 64 percent of the children improved their school behavior after participating in RTL. Relationships between parents and the schools improved in 31 percent of the families, although no overall net gain was achieved.

Complete school record information was reported for 43 middle and high school students. Of these students, 53 percent achieved slightly improved GPAs. Across all grade levels, 55 percent of the students improved their school attendance after receiving program services. Office referrals declined for 81 percent of the students with prior office referrals (21 students). Second year follow-up data was collected on 15 middle and high school students. Among these students, 33 showed slight improvements in GPAs over the two-year period, but no overall net gain was achieved.

During the 1998–99 school year South Chelan–Douglas County RTL staff offered eight group activities that reached approximately 167 students. These activities included six sessions aimed at reducing substance abuse and violence, an event designed to increase family involvement, and a recreational activity.

Stevens County Readiness to Learn

ESD 101

1993 Grantee, Nine Mile Falls District
Countywide Expansion, 1997–99
$168,000 in 1998–99

Introduction

The Stevens County Readiness to Learn program serves children and families in predominately rural Stevens County, joining and expanding the strengths of two previous efforts, the Nine Mile Falls School District's Success Program funded by RTL and the Unbroken Circle program funded by a Safe and Drug-Free Schools grant. The original Nine Mile Falls RTL program created much of the structure upon which the current countywide RTL program operates. The Stevens County RTL program provides school-based advocacy, prevention programs run by trained paraeducators, student support boards, interagency multidisciplinary teams to staff cases, and an advisory board to oversee the integration of agencies.

The program targets school districts in 15 communities scattered over 3,000 square miles. Total school enrollment was 10,300 in 1997, with 11 percent minority enrollment (75 percent of the minority students were Native American) and with 63 percent of enrolled students eligible for free or reduced-price lunches. Stevens County is one of the most impoverished and isolated environments in the state. Alcohol and marijuana use by both adults and youth is higher than state and national averages, and family violence rates are double the state average. A large number of families in the county live in tents, school buses, or poorly built structures in remote areas far from social services.

To address the needs of children and families in this large, rural county, community members familiar with local needs and concerns have been employed as RTL family resource specialists. The specialists are funded through the consolidation of RTL funds with Title I and Learning Assistance Program (LAP) funds. Specialists' duties vary according to families' needs, but include providing preschool support and parent involvement activities and developing mentor programs. Case managers responsible for regional clusters of schools provide direct support for at-risk students and outreach to their families and serve as a resource for school staff. Case manager positions are funded by RTL, the ESD's Prevention and Intervention Services Program, and Stevens County Counseling Services. In addition, the Colville School District provides a family literacy coordinator who promotes Colville-based agency linkages; the Mother-Read, Father-Read literacy program; and other literacy and academic improvement programs. The literacy coordinator position is jointly funded by RTL and the ESD's Goals 2000 regional network.

Consortium and Interagency Agreements

The Stevens County RTL consortium is made up of approximately 27 schools and agencies. All of the school districts in Stevens County and most of the social service agencies that serve children—including the Department of Social and Health Services, the Employment Security Department, the Health Department, Community Mobilization, the community health and safety network, Stevens County Counseling Services, the Northeast Washington Regional Support Network, the Department of Juvenile Justice, the Rural Resources Development Association, Head Start, and local community colleges—serve on the consortium.

The Stevens County RTL program links service providers, schools, and families at a level unprecedented in the county. Prior to the funding of the Nine Mile Falls RTL program, most of the county's schools did not offer school-based counseling services and few schools referred students to community agencies for services. Efforts to bridge this gap were coordinated by the RTL consortium established in Nine Mile Falls. Monthly consortium meetings at a local restaurant in Colville are followed by service provider meetings. Service providers also attend monthly staffing meetings at which service action plans are developed for troubled children and their families in response to referrals made by case managers and other sources throughout the school districts in the county. During these meetings RTL staff present information concerning the needs of the children and their families, and the agencies collaborate to meet those needs. Parents are also encouraged to attend the meetings. The case managers serve as liaisons between the schools, families, and the interagency staffing team. RTL staff members also serve on the child protection teams (CPTs) along with staff from Child Protective Services.

In response to the increasing number of child abuse and neglect cases in the state, the governor of Washington has mandated that child protection teams be established across the state. The first child protection team in Stevens County was formed with the Nine Mile Falls RTL Success Program, and two more child protection teams were developed in 1997–98 under the countywide RTL expansion. Child protection teams develop strategies for working with moderate- and high-risk cases of child abuse and neglect. The teams meet on an ad hoc basis and can convene an emergency meeting in the event that the safety and welfare of a child is immediately threatened. In some cases, school staff have become case managers for low-risk Child Protective Services cases that are being closed, thus ensuring continued follow-up.

During 1998–99 the Stevens County RTL program served more families than in previous years and promoted increased family involvement in school-based prevention and intervention services. Several joint project have resulted from the enhanced cooperation that the consortium has stimulated among social service agencies in Stevens County. These projects include a 21st Century Schools grant application, plans to increase the number of one-stop employment centers, a coordinated crisis response plan for schools, emergency management services, and mental health services. In addition, plans have been made for an alternative school for violent, expelled, and suspended students. However, additional mental health services in Stevens County are required to meet the demand for such services. RTL staff are also concerned because the WorkFirst program has created a demand for living-wage jobs and child care beyond what is available in Stevens County.

Services to Children and Families

Stevens County RTL targets students identified as being at risk of school failure. School personnel make referrals to the student support board, which provides early intervention services. Students who receive program services are characterized as either being in need of brief or long-term intervention. Brief intervention cases are typically referred to a family resource specialist for programs such as structured recess, peer mediation, and mentoring. Students who require long-term intervention receive more intensive services, such as in-school counseling, home visits, case management, and referral to outside resources (only data on long-term cases are included in this report).

Services to children and families are delivered through various components of the in-school programs. School case managers provide direct support for at-risk students and outreach to the their families, advocating for them at interagency team meetings and serving as a link between social service agencies and the schools. Duties include conducting home visits; coordinating child protection team and district team meetings; providing individual and family counseling; coordinating case management; and developing resources for families, such as a local resource directory.

Family resource specialists, whose duties are tailored to the needs of local families, develop preschool literacy programs, coordinate the Family Night Out program, and develop mentoring programs. Specialists also provide direct services at each of the schools they serve, including coordinating and monitoring peer mediation programs, managing and administering structured recess, providing one-on-one mentoring for selected students, and conducting social skills groups.

A student support board screens each student referred to the program and meets to prepare a memo that details the recommended service options. The referred student is included in the meeting. At the elementary school level the student's parents and the teacher(s) who referred the student are also invited to attend and participate. The student support boards are composed of RTL staff, school administrators, and professional staff. The boards utilize an approach that emphasizes students' strengths and supports students' efforts to change their behavior. Each member of the team acts as a case manager for one or two students, allowing for personal involvement and monitoring throughout the school year.

School case managers and other RTL staff members collaborate with social service agencies to link school staff and administrators with resources and educational and training opportunities on topics such as family violence, child sexual abuse, crisis management, and helping families identify and build upon the assets available to them. The family literacy coordinator promotes the Colville-based agency linkages, disseminates the district's Mother-Read, Father-Read literacy program to other Stevens County schools, and coordinates program activities with other literacy and academic improvement programs in the county.

Participating Families[1]	
1995–96	87
1996–97	73
1997–98	185
1998–99	165
Areas of Service to Families[2]	
Basic needs	29%
Child education	88%
Family functioning or mental health	72%
Parent involvement	64%
Physical health	1%
Adult education or employment services	0%
Reasons Children Referred[2,3]	
School problems	71%
Family issues	41%
Physical health needs	5%
Mental health needs	15%
Other	16%
Grade Level[2]	
Preschool	1%
K–5	48%
6–8	39%
9–12	11%
Family Characteristics[2]	
Two parent	57%
Single parent	30%
Other	14%
Number of Days Child Was Served[2]	
Less than 6	24%
6 to 20	63%
More than 20	13%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

Outcomes for Children and Families

The expanded Stevens County RTL program served 165 families during the 1998–99 school year. Fifty-seven percent were two-parent families (both parents or parent and step-parent) and 30 percent were single-parent families. The largest number of families participated in services related to their children's education (88 percent), and 72 percent participated in services to address family functioning or mental health. Sixty-four percent of the families participated in activities designed to improve parent involvement in their children's education. Over half of these families improved their responses to their children, and 42 percent demonstrated that their parenting skills had improved.

Of the 204 children served in 1998–99, 48 percent were in kindergarten through Grade 5, 39 percent were in Grades 6–8, and 11 percent were in Grades 9–12. On average, staff worked with 63 percent of these students for six to 20 days, with 24 percent for fewer than six days, and with 13 percent for more than 20 days. Forty-four percent of the students were referred to the program by teachers, 14 percent were referred by the school administrators, and 33 percent self-referred to the program. The most common reasons for referral included school behavior problems (57 percent), family issues (41 percent), academic needs (35 percent), or low interest in school (18 percent). Of the 14 high school students who participated in the program, four graduated and seven were working toward their GEDs. Four students served by the program applied to or were enrolled in college or university and half had completed high school but had not applied for further education in 1998–99. Three students had enrolled in a vocational program, and one was reportedly employed or participating in a employment program.

Intake and follow-up data on academic performance and school behavior were available for 95 of the elementary school students who participated in the program. Teacher ratings indicated that 46 percent of these students improved their academic performance and 54 percent improved their school behavior during the school year. Of the 104 students who had attendance problems, 20 percent decreased their absenteeism or were less often tardy, according to teacher ratings. School records data were available on 68 elementary students, over half of whom improved their grade point averages, 40 percent decreased their absence rates and, 47 percent of the students with office referrals showed improvement. Seventy-five percent of those suspended decreased their suspended rate between spring of 1998 and spring of 1999.

Among the 28 students in their second year of program participation, 51 percent exhibited improved academic performance. Eighty-three percent of the 24 second-year students whose grades were available had improved their GPAs. Forty-eight percent of the second-year students whose attendance data were available had decreased their absenteeism. Of the 27 second-year students with at least one office referral at baseline, 81 percent received fewer disciplinary actions. These data represent a significant improvement in the students' school behavior.

The program's most successful group service in support of children and families is Family Night Out. Held in each school district, Family Night Out combines the sharing of food and fun with educational programs for families. Family Night Out events are very well attended—sometimes by almost the entire rural community served by the school. Because local people offer the programs, they result in a renewed sense of community among the participants. Family Night Out provides a structure for positive interaction with family and neighbors, as well as a chance to share problem solving strategies in a nonthreatening atmosphere. A striking outcome of the revival of community spirit is a basketball court in the Springdale Community Park built in 1998 by community members, Family Night Out facilitators, and students. Other group services offered in 1998–99 included 15 activities to reduce substance abuse or violence (attended by 682 students); four activities designed to improve parenting skills (attended by 147 participants); three activities to provide social and recreational activities (attended by 175 students); and an informational session about the RTL program (attended by 120 families). A small number of parents and families (23) attended family involvement activities, and ten students participated in an academic skills improvement program.

Success Stories

Don, a 10-year-old fifth grader, was referred to the RTL family advocate because of frequent temper tantrums in the classroom, which interfered with his ability to learn. The family resource specialist asked Don's teacher, father, and a classroom paraprofessional to rate him on Conner's Behavior Rating Scales. The assessment results led to Don's placement in the SUCCESS program for behaviorally disturbed students.

Don's father did not follow the family resource specialist's recommendation to seek mental health services for Don, and his behavior continued to be a problem. Don often came to school looking and feeling depressed and he reported being hungry and unable to concentrate. To address these issues, Don was enrolled in the free school lunch program, and the family resource specialist involved a caseworker from Family Reconciliation Services. The caseworker worked with the family resource specialist, Don, his father, and his father's fiancée to explore treatment options for the child and his family.

The family received counseling services to address issues, such as conflicting parenting styles, that were placing stress on the family. The family resource specialist maintained contact with the parents to keep them informed of Don's struggles and successes in school. As the year progressed, Don's school behavior and academic performance improved markedly. He is excited about starting middle school in the fall, as a sixth grader in the regular program.

Success Through School Attendance

ESD 113 (Olympia)
Community Youth Services
1993 Grantee
$112,800 in 1998–99

Introduction

Community Youth Services, a nonprofit human service agency in Olympia, subcontracts with ESD 113 to provide Readiness to Learn services in eight school districts in Thurston County. The Success Through School Attendance RTL program maintains a staff of three full-time and one half-time case managers, three AmeriCorps volunteers, and a program director. In 1998–99 the Success Through School Attendance program increased its involvement in schools to include homework groups, violence prevention classes, and other group services to students. Among the program's goals is the increased accessibility of RTL services through the integration of volunteers into schools. Program staff also want to expand efforts to provide opportunities for the families served to meet together.

Consortium and Interagency Agreements

The Success Through School Attendance program was developed by Partners for Prevention, an advisory board for the Thurston County Commissioners. Partners for Prevention includes representatives from schools, social service agencies, local governments, and families. An advisory committee made of up members from the local Partners for Prevention coalition provides program consultation and monitoring services and makes program policy recommendations. The RTL program also receives input from a steering committee composed of school representatives and staff from the Department of Health, the housing authority, the Department of Social and Health Services, the Job Training Partnership Act (JTPA), and community social services agencies. The steering committee meets monthly during the school year to address operational issues and service needs.

Success Through School Attendance encourages participating school districts to take ownership of the program. As a result, each school district has identified which schools receive program services and has determined the selection and referral process to be used in those schools. Program staff consider the participation of schools on the steering committee and the work of volunteers in the schools as important to breaking down the barriers between social service providers and the educational community and essential to helping school staff understand and work effectively with families in poverty.

Services to Children and Families

Although the process of identifying students who might benefit from RTL services varies by school, most schools follow common procedures. Teachers, principals, school counselors, and other school staff refer students with attendance, behavior, and academic problems to the program. Once a student in need of assistance is identified, a multidisciplinary team of school staff—typically the school counselor, school psychologist, school nurse, principal, and other school professionals—meets to discuss the case (in one school district served by the Success Through School Attendance program, each school in the district sends a representative to regular multidisciplinary team meetings to consider the needs of families and make referrals to the program). The multidisciplinary team uses its knowledge about the student's needs, the family's needs, the urgency of the situation, and the workload of the case manager to determine whether to refer the student to the case manager. In about half of the sites, the school notifies families before the case manager contacts them to determine whether they want to receive the services available through the program. In other schools, the case manager makes the first contact with families of referred students.

After a family agrees to participate in the program, the case manager and four members of the multidisciplinary team meet to discuss the family's participation. This exchange represents the first official information sharing between the school and RTL staff. Informal contacts between schools and program staff prior to making decisions concerning referrals and prior to establishing contact with families are considered routine in the process of working with families in crisis who might need immediate assistance. Meeting immediate needs for basic resources contributes to the establishment of trust-based relationships with families in crisis. Case managers visit participating families at home to conduct structured interviews used to gather information on family needs. These visits enable case managers to help families make decisions regarding ways of meeting their immediate needs and concerns and anticipate future needs. The case managers sometimes meet with individual families several times to complete this process. During the assessment process, case managers usually complete a form that details specific strategies to achieve the family's goals and the family's responsibilities in realizing those goals. Case managers regularly update the forms by following up with families through telephone contacts or home visits.

In general, service provision consists largely of family and individual counseling and case management. The Success Through School Attendance program also provides in-home tutoring and parent education services. The referral aspect of case management links families to needed services in Thurston County and monitors the family follow-through in obtaining those services. The services provided address a wide range of needs with the resources available in the community. In addition to case management services, the program provides student group activities designed to improve health and academic skills and reduce substance abuse. In 1998–99, for example, RTL staff conducted a series of violence prevention and anger management classes in elementary and middle schools. These classes often took the form of lunchtime social skills development sessions that promoted self-esteem and friendship using the Free the Horses Curriculum. Many students participated in training based on the Get Real About Violence curriculum at Tenino Elementary School.

Case managers also tutor students in the lower elementary grades and organize recreational outings, such as hikes and boating excursions on the Olympic Peninsula. Through Community Youth Services, families have access to a clothing closet, financial management counseling services, and other services. AmeriCorps volunteers provide a valuable service to RTL children and families by conducting

Participating Families[1]	
1995–96	91
1996–97	85
1997–98	98
1998–99	71
Areas of Service to Families[2]	
Basic needs	77%
Child education	97%
Family functioning or mental health	92%
Parent involvement	65%
Physical health	25%
Adult education or employment services	20%
Reasons Children Referred[2,3]	
School problems	83%
Family issues	76%
Physical health needs	23%
Mental health needs	27%
Other	15%
Grade Level[2]	
Preschool	5%
K–5	88%
6–8	5%
9–12	1%
Family Characteristics[2]	
Two parent	29%
Single parent	63%
Other	8%
Number of Days Child Was Served[2]	
Less than 6	6%
6 to 20	35%
More than 20	59%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

numerous skills building workshops, group support counseling sessions, tutoring activities, violence prevention services, and other educationally related services at neighborhood centers. The program developed the first neighborhood center in the county, bringing services into a community of at-risk families. Consortium members have since expanded this model and received funding for several successful neighborhood centers throughout Thurston County. In 1998–99 consortium developed the Community-Based Services program based on the RTL program model to meet the need for case management and other services for families in unincorporated areas of Thurston County. The program serves at-risk youth referred by the Thurston County Sheriff's Office and their families by providing referrals and services that address family needs.

Outcomes for Children and Families

Success Through School Attendance served 96 children and 71 families during the 1998–99 school year. Single parent families made up 63 percent of the families served. Program staff worked with 59 percent of the children and their families for more than 20 days and with 35 percent for six to 20 days. Of the 96 children served, 88 percent were in kindergarten through Grades 5, 5 percent were in Grades 6–8, and only 1 percent were in Grades 9–12. School counselors provided the majority of student referrals (78 percent), and other school staff referred the second largest number of children (14 percent). The most common reasons for referral were school problems (83 percent), family issues (76 percent), mental health issues (27 percent), and physical health needs (23 percent).

Ninety-seven percent of the families engaged in services to improve the education of their children, and 93 percent of these families experienced outcomes such as improved school behavior, involvement in positive activities, improved educational plans, and improved academic skills. Ninety-two percent of the families engaged in services to improve family functioning and mental health, such as parent, child, and family counseling. Most families experienced positive outcomes as a result of their involvement with the program, including improved social and coping skills, family communication, and domestic safety. Sixty-five percent of the families participated in activities to help them become more involved in their children's education. Results included increased cooperation with the school (63 percent), increased school involvement (52 percent), improved parental responses to their children (45 percent), and improved parenting skills (41 percent).

Intake and follow-up teacher ratings of academic performance, school behavior, and attendance were available for 47 elementary school students who participated in the program. The teacher ratings indicate that 64 percent of the students improved their academic performance and 45 percent improved their school behavior. School records on 45 students indicate that 38 percent of the students improved their school attendance, and 75 percent of the students improved in relation to disciplinary actions. Teachers also reported that 55 percent of the parents increased their involvement with the school and their children's education. Improved behavior and attendance was shown by 60 percent of the second year follow-up students as well.

Group services for students primarily included group counseling to improve mental health (75 students in ten sessions), activities to reduce substance abuse or violence (120 students in one session), social or recreational activities (129 students in eight sessions), or home workgroups and other activities to improve students' academic skills (131 participants in eight sessions). Seventy-five community members attended an event to gain information about RTL.

Success Stories

Terry, a fifth grader, was experiencing extreme behavioral and academic problems at school after a domestic violence incident necessitated that he leave his mother's home to live with his grandmother. Terry was unable to focus on school and experienced angry outbursts on the bus, in class, and on the playground. As a result, Terry spent most of the school day in detention or in the principal's office. Staff referred Terry to the RTL program and the case manager discovered that Terry's grandmother was struggling to meet his needs.

The case manager completed a needs assessment and referred Terry to South Sound Mental Health for treatment. The case manager arranged for a law enforcement officer to meet with Terry to discuss safe and lawful behavior guidelines and scheduled several school meetings with teachers, staff, and Terry's grandmother to develop and plan for improving Terry's behavior, providing him with homework assistance and connecting him with a volunteer buddy at lunch.

The case manager continued to meet with Terry's grandmother in her home to address parenting issues. At school, the case manager met with Terry to provide encouragement and guidance. As the support network for Terry and his grandmother grew, they began to regain focus and strength. Terry's behavior at school improved dramatically, and he began to succeed in his studies. Terry's grandmother reported that his behavior at home improved and that she felt able to parent him successfully.

Walla Walla County Readiness to Learn

ESD 123

1995 Grantee, revised approach from 1993 Grant
$79,200 in 1998–99

Introduction

Walla Walla County is a large, rural county. Many of its families are isolated, experience language or cultural barriers, and are unable to access social services. In addition, local schools often lack the resources to provide students with remedial work, especially in ESL or cultural adaptation. The Walla Walla County Readiness to Learn program evolved from a model of local, community-driven needs assessment, decision making, and service provision piloted during the first grant cycle. In 1998–99 seven school districts and two farm labor camps were served by Walla Walla County RTL.

The RTL consortium in Walla Walla County is made up of representatives from school districts, social service agencies, and service organizations. Each community has a resource facilitator who provides resource and referral information to families, students, community members, school staff, and social service agencies. When a child or family is referred to the program, the resource facilitator conducts an intake assessment and develops an informal plan of action intended to empower the family. The Walla Walla County RTL program assists in the development of special activities for participating communities to address five areas of need: education, physical health, mental health, recreation, and child care. Each community requests services specific to local needs. Typical services include summer enrichment programs, after-school tutoring, parent volunteer programs, youth recreational programs, and home health care visits.

Consortium and Interagency Collaboration

Twenty-six agencies and organizations in Walla Walla County initially signed an interagency agreement that formed a consortium. An executive committee was established to make operational decisions and to report quarterly to the consortium. In recent years the eight-member executive committee has been considered the active RTL consortium, but the committee still report quarterly to a larger group of 30 community service providers. The committee feels that its greatest achievement has been the long-term involvement and commitment of its members over the years. A high level of trust and mutual support exist among the committee members, who meet monthly. The committee's collaborative efforts have resulted in various activities, including the Touchet School after-school program, the Touchet Co-op Preschool, Farm Labor Camp weekend and summer programs, College Place after-school programs, the Dixie summer program, a National Children's Day celebration, and a mentoring program.

Services to Children and Families

A resource facilitator for each community maintains and provides information about social services available in the county, identifies local community needs, and links those in need of services with service providers. Because the areas served are primarily small, rural communities with few local resources, part of a resource facilitator's job is determining ways of obtaining what is available in the surrounding communities or the city of Walla Walla. The resource facilitators' familiarity with local needs enables them to assist service providers in focusing their outreach efforts. Because of funding limitations, resource facilitators work only part-time for RTL, but their function as mentors and role models for the students and families they serve is as vital as the service linkages they provide. Resource facilitators demonstrate how to create nurturing and supportive environments and are often the single point of contact for networking and problem solving in rural areas.

During the 1998–99 school year, Walla Walla County RTL served 35 families,

Participating Families[1]	
1995–96	222
1996–97	22
1997–98	79
1998–99	35

Areas of Service to Families[2]	
Basic needs	23%
Child education	91%
Family functioning or mental health	14%
Parent involvement	29%
Physical health	23%
Adult education or employment services	12%

Reasons Children Referred[2,3]	
School problems	80%
Family issues	41%
Physical health needs	12%
Mental health needs	10%
Other	24%

Grade Level[2]	
Preschool	5%
K–5	82%
6–8	5%
9–12	8%

Family Characteristics[2]	
Two parent	68%
Single parent	20%
Other	13%

Number of Days Child Was Served[2]	
Less than 6	7%
6 to 20	69%
More than 20	24%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

20 percent of which were headed by single parents. Children and families were often referred to the resource facilitators by school principals, secretaries, counselors, and teachers. Most of the children (82 percent) served were in kindergarten through Grade 5. Eighty percent of the children were referred for school problems, but often their families had multiple needs. Forty-one percent of the children were referred to the program for family issues, 12 percent were referred for physical health needs, and 10 percent needed some type of mental health services or support. The program worked with children and families rather intensively, serving 69 percent for six to 20 days and 24 percent for more than 20 days during the school year.

Distances between Walla Walla County communities make arranging transportation and accessing services difficult for the families the program serves. In 1998–99 each community requested funds from the consortium to support activities that met particular local needs. Special programs were a major focus in the participating communities:

- College Place offered in-school tutoring by volunteers and an after-school homework club.
- Dixie provided parenting workshops and has a parent school volunteer program.
- Farm Labor Camp provided Saturday and summer enrichment activities, child care, and parent empowerment activities.
- Prescott implemented an in-school tutoring program and remedial summer school.
- Touchet implemented in-school and after-school tutoring programs and a preschool program.
- Vista Hermosa provided educational enrichment activities for children and adults, an ESL program, and a preschool program.
- Waitsburg had a summer enrichment program and provided in-school tutoring.
- Walla Walla developed a parent volunteer program in one elementary school and several schools offered tutoring by volunteers. Staff also developed a mentor program for elementary students using college students as mentors.

Outcomes for Children and Families

Teacher ratings showed that 52 percent of the 26 elementary school children served for the first year by the Walla Walla County RTL program in 1998–99 improved their overall academic performance, and 15 percent improved their school behavior. Parent involvement increased among 39 percent of the families of RTL children rated by elementary teachers. Teachers submitted GPA and attendance data on only four students.

None of them showed gains in their academic performance over the year, but half of them were absent fewer days than they had been the previous spring. One of the two students who had at least one office referral at baseline had fewer referrals at follow-up.

Half of the ten second-year follow-up students whose GPA data were submitted showed improvement over the two years of program participation. The group showed a slight overall gain from an average GPA of 2.5 to 2.62, which represents an increase of nearly 2 percent from the spring quarter of 1998 to the spring quarter of 1999. Attendance improved for 26 percent of the 31 follow-up students whose attendance data were submitted. Only 43 percent of the seven students with office referrals for disciplinary reasons improved over the two years.

The program intensively served 35 families in 1998–99, 92 percent of whom received services related to the education of their children. Eight families received services related to basic or health needs, and only five had services to address family issues or mental health problems.

Success Stories

A family new to the community had a Grade 3 child with special needs. The child had to travel to a school in Walla Walla to access services that the local school was unable to provide. The child's parents were unemployed and could not afford gasoline. The school's main office and special education department referred the family to RTL for assistance obtaining gas vouchers.

The RTL resource facilitator visited the family's home and helped them complete an application for the gas vouchers. The resource facilitator also provided the family with information about RTL services and community organizations and activities, such as Touchet Co-op Preschool, pee wee basketball, the local library, school and sporting events, and local churches.

The boys in the family became involved in pee wee basketball and the preschool child began attending preschool.

The Walla Walla County RTL program provided group services to 107 individuals during the 1998–99 school year. Twenty-five parents participated in a session to improve their parenting skills and 30 participated in an activity to improve their children's academic skills. Eighteen students participated in two activities that provided healthy and safe social and recreational activities. The program also served 12 students through a program that addressed basic family needs, and ten families attended a session to gain more information about RTL services. In 1998–99 the Walla Walla County RTL program experienced success with group activities such as ESL outreach programs and parenting classes, and during summer 1998 the program offered summer programs at three sites. Two other rural sites that previously had operated RTL summer programs provided their own with support from the schools.

Washington Alliance

Everett, Edmonds, Northshore, and Shoreline School Districts

1993 Grantee
$336,000 in 1998–99

Introduction

The Washington Alliance, an association of four school districts in north King and south Snohomish Counties—Edmonds, Everett, Northshore, and Shoreline—is part of the National Alliance for Better Schools. The Washington Alliance Readiness to Learn program has focused on three goal areas: preparing students for successful participation in school (by addressing health, attendance, and learning problems), strengthening families' capacity to contribute and support their children's educational progress (in part by promoting parent participation in school), and improving families' access to needed services and supports. Additionally, a long-term goal of the program is to create systemic change in the ways schools and other social and health service organizations help children and families meet their needs.

The regional consortium works to find new and more effective ways of developing interagency policies, procedures, and resources. A steering committee oversees the implementation of the grant and coordinates the activities of the 15 local sites. Each site has a committee made up of parents, school staff, community members, and the RTL family resource advocate that is responsible for governance and program planning. These groups meet six to 12 times a year, and the family advocates work 25 to 40 hours a week in each school building.

Consortium and Collaborative Agreements

The Washington Alliance program is supported by a consortium with approximately 40 members, including the four school district superintendents, representatives from the offices of the Snohomish and King County executives, regional administrators from the Department of Social and Health Services and the Employment Security Department, and representatives from several other state agencies and local organizations. A steering committee meets every month to address operational issues. Composed of six district staff members and nine service providers, the committee promotes communication among the districts, schools, and service providers.

98

The 15 program sites targeted by the four school districts include one preschool, eight elementary schools, three middle schools, two high schools, and one alternative high school. Each site has formed a committee that includes representatives from schools, service agencies, and families. As part of a process of ensuring that the services offered are appropriate to local needs, each site committee has conducted a community needs assessment and developed relationships with local service providers.

Each school district commits school funds to collaboration and considers the RTL program to be an important part of the future for local communities. Consortium members are committed to the focus on local assessment and program design and a family support philosophy. Because each site develops a program sensitive to local needs and characteristics, each program has a somewhat distinct approach and emphasis.

Services to Children and Families

Each of the 15 Washington Alliance sites has identified criteria for program referral or target populations to guide the provision of services. Among the referral criteria are attendance or behavioral problems, eligibility for EPSDT screenings, high mobility, and low income. Most referrals to the program are made by teachers, administrators, or other school staff, although 18 percent of the students and parents served in 1998–99 self-referred to the program. The most common reasons for referral in 1998–99 were family

Participating Families[1]	
1995–96	703
1996–97	835
1997–98	471
1998–99	296
Areas of Service to Families[2]	
Basic needs	58%
Child education	94%
Family functioning or mental health	76%
Parent involvement	59%
Physical health	47%
Adult education or employment services	1%
Reasons Children Referred[2,3]	
School problems	73%
Family issues	60%
Physical health needs	28%
Mental health needs	23%
Other	24%
Grade Level[2]	
Preschool	4%
K–5	47%
6–8	28%
9–12	21%
Family Characteristics[2]	
Two parent	49%
Single parent	45%
Other	6%
Number of Days Child Was Served[2]	
Less than 6	18%
6 to 20	55%
More than 20	27%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

problems (41 percent), student behavior problems (40 percent), academic problems (36 percent), unmet basic family needs (33 percent), low interest in school (34 percent), and poor attendance (27 percent).

During the 1998–99 school year the Washington Alliance provided intensive services to 348 children and 296 families. Nearly half (47 percent) of the students who received direct services were in kindergarten through Grade 5, 28 percent were in middle school, and 21 percent were in high school. Details of service provision vary from site to site. At most sites, the family resource advocate assists families in assessing their needs through telephone interviews or home visits. Prevention and training activities usually occur at the program sites and clinical services are typically provided off site, although a few sites provide space for service providers. The most common services delivered in the four school districts in 1998–99 related to child counseling, student advocacy, behavior interventions, mentoring, free or reduced-price school breakfast or lunch, parent counseling, behavior interventions, and after-school or evening activities.

Success Stories

A child in first grade started school with health problems and little English-speaking ability. The family advocate made a home visit and discovered that the family was living in substandard housing. The advocate contacted a health and dental provider for the family and connected the family to a translator who helped them apply for housing assistance. The child received treatment for tooth decay and an impacted bowel. Afterward, the child came to school happy, healthy, and free of the chronic pain that had inhibited his learning. The family also found more suitable housing.

A teen mother, whose own parents were in jail, lived in a crowded house with her baby, the baby's father, and her siblings. The mother is not eligible for public assistance because the baby's father has a job that pays just above the minimum wage. The family advocate got help from the school district to cover child care costs so the young mother could continue in high school. The advocate also helped the young family find its own housing and taught the teen mother how to budget expenses. The young mother received assistance from the WIC program and food banks and obtained health care. She is now attending school regularly and making academic progress.

Outcomes for Children and Families

School record data submitted by the Washington Alliance for some students intensively served indicated that 37 percent of these students improved their GPAs, and 36 percent improved their attendance. Teacher ratings for about 125 school students revealed that 43 percent improved their academic performance, 36 percent improved their school behavior, 13 percent improved their school attendance, and 36 percent experienced increased parent involvement.

Washington Alliance schools place considerable emphasis on developing a family-friendly environment and providing universal access activities. Many of these activities are geared to preventing, rather than solving, problems and provide opportunities for the family resource advocate to establish contact and build trust with families. During the 1998–99 school year 14,305 participants were reached by such activities. The most common activities promoted increased family involvement in school, improved physical or mental health, provided information about RTL and other community resources, and reduced substance abuse or violence.

West Valley Readiness to Learn

West Valley School District

1993 Grantee

$50,400 in 1998–99

Introduction

The West Valley Readiness to Learn program uses a strengths model approach to service provision, identifying families' strengths and building them into plans for accessing needed services. The program employs two interventions to meet the needs of children and families in the school district: one focused on families with children in preschool or kindergarten and one for students who do not meet literacy expectations at their grade level.

Consortium and Interagency Agreements

The RTL program in West Valley School District has developed a coordinated, interdisciplinary service delivery system for children and their families. Local and state social service agency personnel, RTL staff, school personnel, and community advocates compose the district advisory team and the district student study team. These teams work closely with the program's family service advocate and school-level student study teams to identify child and family needs and help families access social services. Team members and the organizations they represent are committed to collaborating to effectively serve families in the district who are in need and to providing families with the respect and opportunities they need to become self-sufficient. Policies and procedures for the West Valley RTL program are established by the district advisory team with input from the school district's central administration, the family service advocates, and the school board. Members of the district advisory team meet quarterly with school administrators and family service advocate to determine the direction of the program and to facilitate improving access to services.

The West Valley RTL program has established a 16-member consortium composed of the West Valley School District; the Department of Social and Health Services; the Employment Security Department; the Department of Health; Community, Trade and Economic Development; the Department of Juvenile Justice; law enforcement; the Indian Education Program (Title IX); the Spokane Community Domestic Violence Consortium; the

Spokane County Prosecutor; and others who share the goals of collaborative service provision. The consortium meets five times a year to share resources and plan services that support students and their families. In 1998–99 the program particularly emphasized school safety issues. The program included area businesses, social service agencies, and other organizations in a communitywide character education program and provided after-school study clubs, tutoring and mentoring programs, and a Family Night Out event.

Services to Children and Families

The West Valley RTL program employs a family service advocate, a family service advocate assistant, and counseling assistants to provide services to children and families. Children are identified for the program through the student study teams at each school in the district. The teams receive referrals from teachers, other school personnel, and parents. These referrals are usually based on concerns over behavioral issues or poor academic performance. Members of the student study teams meet weekly with school personnel to discuss students identified as being in need of program assistance. The students' families are invited to these meetings when appropriate.

Student study teams gather information about children and families that may be in need of assistance and use this information to determine placement into the program.

Participating Families[1]	
1995–96	176
1996–97	214
1997–98	255
1998–99	304
Areas of Service to Families[2]	
Basic needs	57%
Child education	95%
Family functioning or mental health	78%
Parent involvement	47%
Physical health	63%
Adult education or employment services	1%
Reasons Children Referred[2,3]	
School problems	94%
Family issues	18%
Physical health needs	5%
Mental health needs	3%
Other	6%
Grade Level[2]	
Preschool	3%
K–5	72%
6–8	13%
9–12	13%
Family Characteristics[2]	
Two parent	60%
Single parent	33%
Other	7%
Number of Days Child Was Served[2]	
Less than 6	11%
6 to 20	18%
More than 20	71%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

The West Valley RTL program's literacy screening process, part of the program referral process, typically considers the results from the administration of the Iowa Test of Basic Skills (ITBS), a teacher rating scale, a holistic writing sample, and a STAR reading assessment. The holistic writing sample is a major piece of the literacy screening process, which involves three 45-minute sessions. The tester and the child use the first session to brainstorm ideas and the second and third sessions are used to write the rough draft, make revisions, and produce a final draft.

The family service advocate invites families referred to RTL to participate in the program and takes responsibility for coordinating and monitoring the delivery of program services. Staff make home visits to conduct family needs assessments and work with families to develop family service plans and establish goals sensitive to the characteristics and strengths of each family. The services provided through the West Valley RTL program are designed to meet these goals. Services include tutoring students with academic needs, promoting family involvement in school through group activities, conducting social skills and anger management groups, providing alcohol and drug information and education, providing employment training and job placement, assisting with money management, organizing parent and child program alumni groups, and providing support to children and their families as necessary. The family service advocates also facilitate the establishment and achievement of literacy goals among the children, their teachers, and their families.

Outcomes for Children and Families

In 1998–99 the West Valley RTL program served 311 children. Seventy-two percent of the children were in kindergarten through Grade 5, 13 percent were in Grades 6–8, and 13 percent were in Grades 9–12. Sixty percent of the children were from two-parent families (both parents or parent and stepparent). Teachers and other school staff referred 70 percent of the children served, as might be expected in consideration of the importance the program places on a writing assessment in the referral process. Ninety-four percent of the children were referred for school problems, 18 percent were referred for family issues, and 8 percent were referred for physical or mental health needs. Seventy-one percent of the children participated in RTL services for more than 20 days—only 11 percent participated for less than six days.

Teacher ratings were available for 147 elementary school children served by the program in 1998–99. Of these, 69 percent improved their academic performance, 28 percent demonstrated better school behavior, and 36 percent of the children's parents became more involved in their education. Only 5 percent of the elementary school children improved their attendance.

School records allowed for a comparison of students' GPA, attendance, and disciplinary data from spring 1999 and spring 1998 (prior to program participation). Forty-eight percent of the 21 students for whom these data were reported showed improvement. Thirty-one percent of the students for whom attendance data were available had fewer absences after participating in the program, and 13 percent of the 98 students who had experienced problems arriving at school on time had fewer instances of tardiness after participating in the program. Information concerning disciplinary actions were available for 47 students, 62 percent of whom had fewer office referrals per quarter in the spring of 1999 in comparison to the spring quarter of 1998.

Students for whom second-year follow-up information was provided had continued to improve their attendance and decrease the number of office referrals received. Of the 91 students whose attendance data were reported, 37 percent had fewer absences. Seventy-one percent of the 21 students with disciplinary office referrals had fewer office referrals at the second-year follow-up. All three of the students who initially had been suspended from school for their behavior problems had no suspensions at the second-year follow-up. GPAs were reported for 46 second-year follow-up students, and 78 percent showed improvement.

Success Stories

At the beginning of the school year, two young children and their pregnant mother were living with relatives due to repeated intimate partner violence incidents in their home. The mother was on a TANF grant but was not participating in the WorkFirst program. One child was enrolled in the ECEAP program, and one child was enrolled in kindergarten. The ECEAP family service liaison referred the mother to the affordable rental program through SNAP. She was able to find adequate, affordable housing. A referral to St. Vincent dePaul helped the family obtain furniture and household supplies, and Valley Center helped the family obtain a crib and car seat for the baby. The mother received information on the effects of family violence on children, and the family was referred for counseling. In November the family encountered difficulties with the TANF grant and needed to obtain food through a food bank. The family learned that compliance with WorkFirst to improve family self-sufficiency was required. The mother applied for a substitute classified position in the school district. In December the mother and father reunited and the mother found full-time work in April. Through parent-teacher conferences the mother learned about the importance of parental involvement in academic skill building. By spring the children had improved their school performance.

Ninety-five percent of the 304 families served by West Valley RTL in 1998–99 received services related to improving their children's academic skills. Another 78 percent participated in services to improve family functioning or mental health, 62 percent received physical health services, 57 percent received assistance meeting basic needs, and

47 percent participated in services designed to increase their involvement with their children's education.

The West Valley RTL program provided 49 group activities to a total of 7,528 participants in 1998–99. The program held 13 activities for parents and families to increase involvement in their children's education, 12 activities (attended by a total of 1,202 participants) that provided information about community resources, ten activities that addressed students' physical or mental health (attended by 1,417 students). Seven social or recreational activities involved a total of 1,650 participants. The program also provided a variety of development programs for school and agency staff, mostly related to intake procedures, case management, identification of community resources, and interagency coordination. The program also sponsored a districtwide cultural sensitivity workshop for teachers, paraeducators, counselors, and psychologists.

Whidbey Island Readiness to Learn

South Whidbey School District
1993 Grantee
$81,600 in 1998–99

Introduction

The Whidbey Island Readiness to Learn program serves three school districts on Whidbey Island: South Whidbey, Oak Harbor, and Coupeville. The program is based on a modified individualized tailored care (ITC) model of service delivery that is school-based, family-driven, and community-supported. The philosophy of the program emphasizes empowering families by focusing on their strengths as well as their needs. A major goal of the program is to reduce families' dependence on the traditional service delivery system.

Consortium and Collaborative Agreements

The Whidbey Island RTL consortium includes an 11-member governance board and a 25-member community team. The local agencies and foundations that have helped or continue to fund family support advocate positions for the program include the Toddler Learning Center, the Child Abuse Prevention Foundation, the Island County Public Health and Safety Community Network, Island Thrift, and Arise Charitable Trust. The Whidbey Island program is also supported by interns from Western Washington University, AmeriCorps volunteers, and the private industry council. Many individuals, churches, businesses, and service organizations have provided in-kind and grant funding. In 1997–98 the program applied for and received 501(C)3 status from the IRS, which allows it to apply for funds from a greater number of sources.

Services to Children and Families

Key elements of the Whidbey Island individualized tailored care model are family support advocates, family teams, and community teams. Family support advocates help families identify their strengths and needs, develop family service plans, and advocate for families as they attempt to access the needed services. In addition, each family chooses a family team to assist them in identifying and meeting their needs. These family teams may be composed of neighbors, friends, family, clergy, school staff, and other support people.

Three community teams have been established on Whidbey Island to inform the consortium of community service needs and issues. These teams correspond to the three school districts and are made up of interested citizens who are committed to a neighbor-helping-neighbor approach. Family teams meet weekly to complete family plans and to present the plans to the community teams. Follow-up services are delivered through the family teams until families meet their goals. Community teams meet monthly to assist families in obtaining needed services and report to the full consortium about community strengths and needs.

Children and families are referred to Whidbey Island RTL through the schools, and the services most commonly provided relate to student advocacy, parenting education, tutoring, behavior intervention, and summer activities. Other common services include adult or peer group mentors; academic counseling, the promotion of parent involvement with their children or their children's school; food, clothing, and housing assistance; and parent and child counseling.

Participating Families[1]	
1995–96	29
1996–97	44
1997–98	55
1998–99	39

Areas of Service to Families[2]	
Basic needs	77%
Child education	77%
Family functioning or mental health	44%
Parent involvement	72%
Physical health	26%
Adult education or employment services	18%

Reasons Children Referred[2,3]	
School problems	91%
Family issues	91%
Physical health needs	33%
Mental health needs	53%
Other	11%

Grade Level[2]	
Preschool	3%
K–5	54%
6–8	38%
9–12	5%

Family Characteristics[2]	
Two parent	31%
Single parent	60%
Other	9%

Number of Days Child Was Served[2]	
Less than 6	37%
6 to 20	63%
More than 20	0%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

Outcomes for Children and Families

During the 1998–99 school year, RTL staff worked with 46 children and 39 families. The largest group of children (54 percent) were in kindergarten through Grade 5. The school records available for 12 of these students indicate that 25 percent improved their attendance. Teacher ratings of seven elementary students indicated that 33 percent improved their academic performance, and 57 percent improved their attendance. Data on six middle and high school students showed that 33 percent improved their GPAs.

The Whidbey Island RTL program reported several positive outcomes for the families served. The most common outcomes were in the areas of family functioning and mental health, such as improved family communication and improved communication with service providers. Other common outcome areas were children's education (improved educational plans, involvement in positive activities, and improved behavior at school), and parent involvement (improved parenting skills and increased cooperation with the school).

Success Stories

A school's student assistance program counselor referred two children from a single parent household to RTL for academic achievement, behavior, and school attendance problems. The children's parents had separated and the family was homeless. A family team formed to address housing, employment, basic needs, tutoring, and recreation issues. The family received a HUD housing voucher and moved to a safer location and the family team helped provide basic needs and funds for utilities. Through the private industry council the parent found employment at one of the major agencies on Whidbey Island. The child experiencing academic problems received tutoring and both children received scholarships for sports camp. The children's school behavior, attendance, and academic achievement improved. The parent is now an active member of the family resource center action team.

In 1998–99 the Whidbey Island RTL program provided group services that served 538 participants. The most common types of group services were social and recreational activities. Numerous volunteers from the community serve on family and community teams and assist with fundraising events, woodcutting days, and meeting the basic needs of children and families.

Bellingham Family Information Centers

Bellingham School District
1997 Grantee
$60,000 in 1998–99

Introduction

The Bellingham Family Information Centers operate in seven elementary schools and one middle school. District personnel, hired as a result of the RTL grant and supported by community and parent volunteers, staff each center. Each center is open between two and ten hours each week. The centers help families identify their needs and about community resources to meet those needs. The centers provide families with basic resources (e.g., food, clothing, housing), counseling, literacy programs, neighborhood recreation programs, parenting education and support classes, substance abuse prevention and treatment, employment and education opportunities, English-as-a-second language classes, and citizenship classes.

The Bellingham Family Information Centers encourage community involvement in activities designed to strengthen the family. Center staff work with various agencies to identify family needs and to develop, publicize, coordinate, and implement programs. The centers emphasize including non-English speaking families in all of the activities. All program materials are available in Spanish, Russian, Vietnamese, and Punjabi, and the centers have staff and volunteers who are fluent in each of these languages. The program offers families assistance in their first language or, if necessary, provides an interpreter.

Consortium and Collaborative Agreements

The Bellingham Family Information Centers share a consortium of agency staff with the Nooksack, Lynden, and Blaine School District RTL programs. Key agencies that participate in the consortium include Brigid Collins House, Catholic Community Services, Child Protective Services, the city of Bellingham, the opportunity council, the Whatcom County Commission on Children and Youth, the Whatcom Crisis Center, the Assistance League of Bellingham, Bellingham Technical College, and Western Washington University. The consortium meets four times a year. As a result of the RTL grant, Bellingham schools have a stronger connection with other schools. These collaborations have enabled staff to offer new services to fulfill unmet needs in the community.

Services to Children and Families

In 1998–99 nearly two-thirds (62 percent) of the Bellingham family information center participants were referred by teachers, administrators, or other school staff. The most common reasons for referral were a need for basic resources and limited English proficiency. Over half (56 percent) of the children served were members of ethnic minorities who participated in a bilingual education program. Nearly half (42 percent) of all the children served lived with a single parent.

During 1998–99 the Bellingham Family Information Centers assisted 196 children and 128 families. The primary services related to the provision of clothing; translation assistance; after-school, evening, and summer activities; parent support groups and mentoring assistance; and holiday food and gift baskets.

The Bellingham program served more than 2,200 participants in 1998–99 through large-group activities. Most of the activities were designed to increase family involvement in school.

Participating Families[1]	
1997–98	144
1998–99	128
Areas of Service to Families[2]	
Basic needs	84%
Child education	56%
Family functioning or mental health	19%
Parent involvement	41%
Physical health	38%
Adult education or employment services	32%
Reasons Children Referred[2,3]	
School problems	21%
Family issues	77%
Physical health needs	11%
Mental health needs	4%
Other	50%
Grade Level[2]	
Preschool	5%
K–5	90%
6–8	3%
9–12	0%
Family Characteristics[2]	
Two parent	53%
Single parent	42%
Other	5%
Number of Days Child Was Served[2]	
Less than 6	68%
6 to 20	30%
More than 20	2%

[1] Some families served in more than one year.

[2] In 1998–99.

[3] Because children were referred for multiple reasons, percentages do not add to 100.

Outcomes for Children and Families

Teacher ratings at intake and at the end of the 1998–99 school year were available for 73 elementary school students. These ratings showed that 28 percent of the students served by the Bellingham Family Information Centers improved their academic performance, 14 percent improved their school behavior, and 21 percent had parents who increased their involvement with their education.

Success Stories

A family that did not speak English was referred to RTL because they were experiencing financial difficulties after the father became permanently disabled. Program staff referred the family to community agencies and government institutions for assistance. The bilingual RTL staff helped the father complete the paperwork for state and federal assistance. The parents became more involved in their children's school as a result of their visits to the Bellingham Family Information Centers. The parents participated in parenting classes and the entire family attended the community resources fair. The children improved their school attendance and performance and the parents are now more informed about what is going on in the school due to their increased communication with teachers and staff.

Blaine Family Service Center

Blaine School District

1997 Grantee
$43,200 in 1998–99

Introduction

The Blaine Family Service Center began providing services in September 1997. This Readiness to Learn project, one of four in Whatcom County in the 1997–99 biennium, serves families in the Blaine School District. Blaine is located on the Canadian border, and most social services are located in Bellingham, 20 miles south. The program has two primary components: the Blaine Family Service Center, located in a small house across the street from the elementary school, and the Rainbow Room, located in the primary school. The Blaine Family Service Center features a comfortable meeting place for parent groups and includes a child care room. The Rainbow Room is located in the school counselor's office and provides an inviting atmosphere for small-group counseling.

Consortium and Collaborative Agreements

As part of the Whatcom County RTL consortium, Blaine Family Service Center staff meet quarterly with the county RTL consortium from Nooksack, Lynden, and Bellingham School Districts, as well as staff from Brigid Collins House, the opportunity council, Whatcom Crisis Services, Whatcom Dispute Resolution, Northwest Youth Services, Catholic Community Services, and others. Local agencies, individuals, and churches also provide program support.

Services to Children and Families

The Blaine Family Service Center employs a coordinator, who works primarily with parents; an associate, who works with children; and a DCFS/CPS alternative response system case manager. An intern from Western Washington University also works with the program part-time. The center offers several activities for parents, including domestic violence support, a parents-meeting-parents support group, an "ask the lawyers" program, a lending library, a clothing bank, and evening parenting classes. Blaine Family Service Center also helps families in need apply for energy assistance, health insurance, and TANF; provides referrals for other services; and helps families obtain clothing, transportation assistance, and school supplies. The Keller Foundation also provided a small grant to help supply families with basic needs. During 1998–99 service providers not funded by the RTL program began sharing the Blaine Family Service Center site. The additional services available at the site include a program funded by a DCFS/CPS alternative response system grant to serve families at moderate risk of child abuse, a recent federal 21st Century Community Learning Center grant, services through a locally sponsored teen parent group, and the opportunity council's energy assistance program.

Because most social services in Whatcom County are located in Bellingham, program staff often arrange transportation for families through a local agency, Love, Inc. The Rainbow Room offers the opportunity for children to meet with the associate individually or in small groups to work on issues that are interfering with their school success. Children may be referred to the program for low self-esteem, anger issues, depression, poor social skills, grief and loss issues, or other circumstances that warrant extra attention. Family needs are identified through informal interviews with parents and through teacher checklists.

Outcomes for Children and Families

The Blaine Family Service Center served 53 children and 82 families during 1998–99. All of the children served were enrolled in prekindergarten through Grade 3. The children were most often referred for family problems,

Participating Families[1]	
1997–98	60
1998–99	82

Areas of Service to Families[2]	
Basic needs	59%
Child education	15%
Family functioning or mental health	61%
Parent involvement	21%
Physical health	12%
Adult education or employment services	1%

Reasons Children Referred[2,3]	
School problems	62%
Family issues	89%
Physical health needs	17%
Mental health needs	42%
Other	6%

Grade Level[2]	
Preschool	15%
K–5	85%
6–8	0%
9–12	0%

Family Characteristics[2]	
Two parent	40%
Single parent	51%
Other	9%

Number of Days Child Was Served[2]	
Less than 6	21%
6 to 20	30%
More than 20	48%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

domestic safety concerns, school behavior problems, mental health problems, and family substance abuse issues. Nearly two-thirds (64 percent) of the referrals were made by teachers or other school staff, and 35 percent of the children self-referred to the program. Nearly two-thirds (62 percent) of the students referred were boys, and over half (51 percent) of the students were living with a single parent.

Teacher ratings indicated that the children served in 1998–99 made improvements in their academic performance (44 percent) and school behavior (24 percent). The parents of 63 percent of the students served experienced became more involved with the school. In addition, school records showed that 58 percent of the children improved their attendance.

Success Stories

A mother with a history of domestic violence victimization moved to the community from out of state and was hired by a local fast food restaurant. After she lost her job due to an injury, the family was homeless and without an income. The Blaine Family Service Center helped the family find temporary housing in a motel; apply for TANF assistance; and obtain school supplies, clothing, and medication for the children. Program staff also coordinated and hosted an interagency staffing that included the family's therapist from Catholic Community Services. The family applied for low-income housing and worked with the therapist to place the son in a summer program. The mother regularly participates in the center's parent group and has shown great determination to provide for her family. In four short months she moved from a position of extreme vulnerability to one of relative security. The mother now feels supported by a system of providers with whom she is actively engaged.

Families most commonly received assistance in the form of holiday food and gift baskets, child counseling, clothing assistance, and parent counseling. The most frequently cited outcomes for families were improved coping skills, an improved ability to express feelings, improved self-esteem, enhanced social supports, fewer signs of depression, and improved social skills.

Family Empowerment Project

Ephrata School District

1997 Grantee
$76,800 in 1998–99

Introduction

The Family Empowerment Project Readiness to Learn program in Grant County utilizes a service model that focuses on fostering resiliency in children and families within the Ephrata and Warden School Districts. The 1998–99 school year was the Family Empowerment Project's first year of full implementation due to challenges faced in the 1997–98 school year, including an entire staff turnover at the end of that year.

Grant County is a large, rural county with a landscape of high desert and irrigated farmland. Much of the workforce in this county is composed of low-paid seasonal agricultural or food processing workers. The percentage of residents living in poverty in Grant County is larger than the percentage in the state overall. The Family Empowerment Project targets communities and school districts in which a large percentage of students are bused to and from school or are from families who live at or below the federal poverty level and communities in which there is a shortage of school-based programs to assist students with physical and emotional health and socialization skills.

During 1998–99 the Family Empowerment Project facilitated and expanded the Grant County Interagency Consortium that it first convened in 1997–98 and provided a full-time family empowerment specialist in each school district. The family empowerment specialists serve as advocates for students and families and provide in-school services such as peer support groups, social skills and goal-setting assistance for middle school students, and support for migrant students in a transitional program.

Consortium and Collaborative Agreements

The Grant County Interagency Consortium oversees the Family Empowerment Project. The consortium provides a forum for community agency and service provider collaboration that did not previously exist in Grant County. Consortium members meet monthly to network, share information, and coordinate services. Family Empowerment Project staff plan and coordinate the consortium meetings, schedule cross-agency training, and promote resource enhancement. Members of the consortium include representatives from Ephrata and

Warden School Districts, the Department of Social and Health Services, Catholic Family Services, Family Services of Grant County/Head Start, Big Bend Community College, the Ephrata Interchurch Council, the Grant County Housing Authority, Pentad (the private industry council), the Washington State University Cooperative Extension, and Moses Lake Community Health. Consortium meetings are open to all human services providers and anyone who is interested. Members are expected to attend the monthly meetings, provide inservice trainings, act as sources and recipients of referrals, and participate in interagency staffing.

The consortium has developed several school and community programs as a result of collaboration with the Family Empowerment Project. For example, the Washington State University Cooperative Extension conducts parenting classes in the evenings in Warden, and mentors from the business community assist Grade 6 students in Ephrata School District on a weekly basis. One program helps migrant students make the transition between the middle and high schools in Warden School District. In fall 1998 the consortium sponsored an informational forum for all schools in Grant County.

Services to Children and Families

Most referrals to the Family Empowerment Project are made by school counselors and teachers, though many children and families refer themselves. The family empowerment specialists meet with children and families to help them define and prioritize their needs and goals. The family empowerment specialists then provide services directly or refer the families to appropriate service providers. Family empowerment specialists continue to act as an advocate for families referred to community service providers by providing school-based services and group counseling to students and by following up with families to ensure that they access the needed services.

In 1998–99 the family empowerment specialists conducted classroom presentations and facilitated support groups for students on topics such as alcohol and other drugs, social skills development, stress management, peer pressure, grief and loss, anger management, women's empowerment, children of alcoholics, children of divorce, and pregnant and parenting teens. One family empowerment specialist established a peer mediation program at an elementary school.

Outcomes for Children and Families

During the 1998–99 school year the Family Empowerment Project provided services to 111 families, including 110 children. Sixty-three percent of the households had two parents. The average size of the families was 4.3, although nearly 20 percent of the families included six to seven people. Family empowerment specialists worked with over half (59 percent) of the families six to 20 times. Nearly all of the students that the program served were in Grades 6–8 (71 percent) and Grades 9–12 (28 percent). Over half (66 percent) of the students were referred to the program for academic problems. Other reasons for referral included family issues (50 percent), physical health needs (23 percent), and mental health needs (22 percent). About half (47 percent) of the students were referred to the program by counselors and 19 percent referred themselves. Other referral sources included teachers (12 percent) and school administrators (11 percent).

The children's education was the area in which the family empowerment specialists provided services to nearly all families (92 percent). Fifty-six percent of the children in these families participated in peer support groups, 47 percent received academic counseling, and 47 percent received student advocacy services. Family empowerment specialists also provided family functioning or mental health-related services to many families (63 percent). Among the families

Participating Families[1]	
1997–98	65
1998–99	111
Areas of Service to Families[2]	
Basic needs	31%
Child education	92%
Family functioning or mental health	63%
Parent involvement	14%
Physical health	23%
Adult education or employment services	1%
Reasons Children Referred[2,3]	
School problems	66%
Family issues	50%
Physical health needs	23%
Mental health needs	22%
Other	21%
Grade Level[2]	
K–5	2%
6–8	71%
9–12	27%
Family Characteristics[2]	
Two parent	63%
Single parent	27%
Other	10%
Number of Days Child Was Served[2]	
Less than 6	38%
6 to 20	59%
More than 20	4%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

receiving services in this area, 56 percent participated in child counseling, 18 percent participated in family counseling, and 12 percent participated in parent counseling.

Many families achieved outcomes related to family functioning or mental health (47 percent of all families). Thirty-five of these families were better able to express their feelings, 22 percent improved their self-esteem, and 16 percent improved their social skills after participating in program services. Many families also achieved outcomes related to their children's education (37 percent). Children improved their school behavior (in 14 percent of these families), educational plans (13 percent), and attendance (11 percent). School record data were submitted for 79 middle and high school students. Thirty-seven percent of these students slightly improved their GPAs and 34 percent slightly improved their school attendance.

Success Stories

An ESL home visitor referred a single mother and her three children to the family empowerment specialist. The mother had fled an abusive partner in the Midwest and relocated to Washington, where she had family. The family empowerment specialist arranged a home visit and began to assess the family's needs, resources, and strengths. The mother had a full-time job, but she wanted to finish completing her GED. The family empowerment specialist helped link the mother to local transportation and a GED tutoring program. The family empowerment specialist referred the daughter to the school counselor and a mental health worker for help with depression and academic problems in reading and the younger son to the school nurse for a health assessment. The family empowerment specialist also helped the children obtain financial assistance from the Parks and Recreation Department to attend an activities program. At Christmastime, a local church provided food for the family and a local business donated gifts. Throughout the school year, the family empowerment specialist made regular home visits to support the mother's efforts to keep her children healthy, safe, and in school. The involvement of the mother, the family empowerment specialist, and local social service agencies was truly a collaborative and cooperative community effort to ensure the family's self-sufficiency and students' success in school.

During 1998–99 the Family Empowerment Project reached approximately 159 participants through 17 group activities. One of these activities was designed to reduce substance abuse and violence, and a series of six activities aimed to improve physical and mental health. Family empowerment specialists also offered three activities that provided basic family needs and an activity to improve parenting skills.

Granite Falls Family Services

Granite Falls School District

1997 Grantee
$48,000 in 1998–99

Introduction

The Granite Falls Family Services Readiness to Learn program received funding in fall 1997 and began serving children and families in the Granite Falls School District in January 1998. Granite Falls is a rural community that encompasses over 600 square miles and has a total population of around 10,000. The community has the highest population growth in Snohomish County, as it is becoming a bedroom community for Seattle and Everett. Although two large low-income housing complexes were recently built in Granite Falls, a corresponding increase in the level of human and social services available in the community has not occurred. In addition, school district enrollment is increasing faster than building space can accommodate. Disconnection from county services, resources, counseling, crisis intervention, affordable health care, and basic assistance is a tremendous risk factor in the Granite Falls community.

Granite Falls Family Services is designed to address such barriers that limit the community's ability to effectively meet the needs of its children. The program offers case management, referral coordination, consultation and counseling, crisis intervention services, and basic resources to Granite Falls children and families. As a result of the networks formed through the consortium, Granite Falls Family Services collaborates with other programs to offer free health care insurance filing assistance, school-based parenting and family activities, and summer youth employment opportunities.

Consortium and Collaborative Agreements

The Granite Falls Family Services consortium convened in fall 1997 to oversee the family services program. The consortium meets twice a year to discuss community needs, network, and share resources. The family services coordinator had experienced difficulty convening the consortium in 1997–98 because no such consortium had previously existed in the community and most of the service providers and agencies are located in Everett, a half-hour drive away. During the 1998–99 school year, however, the consortium expanded. Members include representatives of the Granite Falls School District, the

Department of Social and Health Services, the Snohomish County Health District, the Boys and Girls Club, the Granite Falls Food Bank, the Assistance League of Everett, and the University of Washington dental program.

Services to Children and Families

Granite Falls Family Services served 38 families, including 55 children, during the 1998–99 school year. The average size of these families was 4.3 and 68 percent of the households had two parents. The family services staff averaged 3.8 contacts with each family, although they worked with nearly half (49 percent) of the families only once or twice. Fifteen percent of the children served by the program in 1998–99 were in preschool, 35 percent were in kindergarten through Grade 5, 31 percent were in Grades 6–8, and 18 percent were in Grades 9–12. The primary reasons for referral to the program were family issues (88 percent), school problems (34 percent), physical health needs (20 percent), and mental health needs (12 percent). Students were most likely to be referred to the program by teachers (21 percent), other school staff (34 percent), or themselves (29 percent).

The three areas in which family services staff provided the most services to families were the children's education (76 percent of all families), basic needs (76 percent), and family functioning or mental health (55 percent). Program staff provided school

Participating Families[1]	
1997–98	55
1998–99	38
Areas of Service to Families[2]	
Basic needs	76%
Child education	76%
Family functioning or mental health	55%
Parent involvement	13%
Physical health	1%
Adult education or employment services	1%
Reasons Children Referred[2,3]	
School problems	34%
Family issues	88%
Physical health needs	20%
Mental health needs	12%
Other	0%
Grade Level[2]	
Preschool	15%
K–5	35%
6–8	31%
9–12	19%
Family Characteristics[2]	
Two parent	68%
Single parent	29%
Other	3%
Number of Days Child Was Served[2]	
Less than 6	78%
6 to 20	20%
More than 20	2%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

supplies to 58 percent of the families and student advocacy, behavior interventions, and peer support groups to 8 percent. The basic needs service that the program provided to 74 percent of families was clothing assistance. In the area of family functioning or mental health, staff provided or referred 47 percent of the families to child counseling services, 24 percent to parent counseling, and 8 percent to other mental health services.

Outcomes for Children and Families

The areas in which the most families achieved outcomes in 1998–99 were family functioning or mental health (66 percent), basic needs (63 percent), and children's education (47 percent). Thirty-four percent of the families improved their self-esteem, 18 percent improved their domestic safety, and 18 percent improved family communication. In the area of basic needs, 63 percent of the families obtained clothing assistance and 5 percent obtained transportation. The outcomes related to children's education included involvement in positive activities (21 percent), improved school behavior (16 percent), and improved school attendance (8 percent).

Complete teacher ratings were reported for 22 elementary school children who were new to the program in 1998–99. Students in the program demonstrated a moderate improvement in academic performance. Teacher ratings indicated that 73 percent of the students improved their academic performance between intake and follow-up and 36 percent improved their school behavior. Forty-one percent of the students showed some improvement in attendance, and 74 percent of the students' parents improved their involvement in their children's school. School records also indicated a large improvement in school attendance between baseline and follow-up for 95 percent of the students. The school record information submitted for middle and high school students was insufficient for analysis.

Success Stories

A Granite Falls Family Services staff member took two elementary school girls to School Bell for clothing and new school shoes. During the long van ride the staff member discussed the services that the program offers. The girls indicated that they needed school supplies and asked for a business card to give to their mother. Later that month their mother called for an appointment to learn about health coverage. Staff assisted the mother in enrolling her children in the Healthy Kids program and linked her to other county services for energy assistance and a holiday gift basket. The mother referred a neighbor to the program.

BOOTS

Hood Canal School District
1997 Grantee
$31,200 for 1998–99

Introduction

The Bringing Outdoor and Occupational Technologies to Students (BOOTS) Readiness to Learn program is a dropout prevention project in Hood Canal School District, which serves a large geographical area with a culturally diverse population that includes Native Americans from the Skokomish Indian Reservation. The BOOTS program addresses school noncompletion that stems from poor academic achievement, disciplinary problems, and substance abuse and an increasing rate of juvenile detention and health-related issues. The Hood Canal School District serves approximately 500 preschool through Grade 8 students, and the program's goal is to serve all middle school students (Grades 6–8) in the district over a two-year period. Students in other school districts who are referred by Mason County Probation may also apply for admittance into the BOOTS program.

Consortium and Collaborative Agreements

The BOOTS program is housed in and supported by the Hood Canal School District. The consortium of agencies and groups involved in the program include Skokomish Tribal Education; the Skokomish Health Center; the tribal council; the Mason County Sheriff's Office; juvenile court youth programs (funded by Job Training Partnership Act); the Shelton Department of Health and Human Services; the Employment Security Department; Community, Trade and Economic Development; the Kiwanis Club; the Washington National Guard; the Drug Demand Reduction Program; Simpson Timber; AmeriCorps; and Shelton High School. Consortium membership is open to community groups interested in involvement, although background checks must be done on individuals who work directly with students.

The BOOTS consortium meets annually, although informal interactions occur between members as the need arises. Program policy is determined by the Hood Canal School District, the National Guard, and the Skokomish Tribe. The guiding policy is that both students and their parents must be committed to program participation and setting family and student goals. The delivery of services is characterized by interactions between school staff and students more so than between social service agencies and students. The consortium is experiencing more open communication, particularly with tribal agencies, and BOOTS staff report that school staff have become more aware of families' needs and the services available.

The National Guard provides classes, equipment for outdoor education activities, and staff to assist with hikes and provide first aid support. The Skokomish Tribal Education coordinator arranges for students' physical examinations prior to the trips, assists with meeting clothing needs, and cultivates strong supportive relationships with students. Other consortium resources include anger management and conflict resolution training conducted by the probation services, gang resistance education and drug awareness training provided by the National Guard, and chemical dependence and mental health counseling through the Providence Medical Center and the Mason County Network. Community mental health counselors provide services as needed. A substance abuse prevention and intervention specialist provides counseling and facilitates an aftercare group for junior high students. Shelton High School joined the consortium in 1998–99 with the support of an independent study contract that provides a high school-aged BOOTS graduate one academic credit for working with the BOOTS program. This strategy helps maintain the relationship between at-risk students and the program, with the goal of keeping the students in high school. A program component called Junior Solutions serves at-risk Grade 4 students. The BOOTS program has also worked closely with Washington Middle School in Olympia to conduct joint programs.

Services to Children and Families

Every nine weeks a new group of students participates in the BOOTS program. To join, students must want to participate and must obtain parental consent and three letters of recommendation from teachers. Students and their parents must attend a one-day program orientation. Afterward, students participate in a one-week campout involving physical conditioning, trust building, a ropes course, a personal needs assessment, first aid training, and CPR training. A concurrent parent support class ensures parent commitment and addresses parent-teen issues. Students join the parents for classes after completing the camping component of the program. Students then participate in a one-week life skills and health class that involves individual and group counseling, academic assessment, a learning styles assessment, vocational training assessment, and health screening. Gang resistance education and drug awareness training are also offered during this phase, which is followed by a one-week wilderness experience that includes adventure-based counseling and cooperative group experiential lessons. After the wilderness experience, students participate in a week of presentations related to juvenile justice issues, anger management, and conflict resolution skills training.

Vocational training occurs throughout each nine-week BOOTS segment. Students complete two technology lab modules in areas such as electronics and automotive engineering. After participating in the BOOTS program, students are monitored by RTL staff, attend group follow-up sessions, and receive referrals to support services as needed. Concurrent program components include community service programs, physical education, alcohol and other drug counseling, and treatment referrals.

Outcomes for Children and Families

The BOOTS program served 30 students during the 1998–99 school year. Referrals to the program came from teachers in the Hood Canal School District. Low interest in school and poor school attendance were the most common reasons for referral. In addition, 66 percent of the students referred had school behavior problems, 53 percent had academic problems, and 34 percent were referred for family issues. Because of the intensive nature of the program, 97 percent of the students participated in the program for more than 90 days.

Participating Families[1]	
1997–98	32
1998–99	30
Areas of Service to Families[2]	
Basic needs	100%
Child education	100%
Family functioning or mental health	93%
Parent involvement	100%
Physical health	93%
Adult education or employment services	0%
Reasons Children Referred[2,3]	
School problems	100%
Family issues	34%
Physical health needs	25%
Mental health needs	0%
Other	0%
Grade Level[2]	
Preschool	0%
K–5	25%
6–8	75%
9–12	0%
Family Characteristics[2]	
Two parent	66%
Single parent	25%
Other	9%
Number of Days Child Was Served[2]	
Less than 6	0%
6 to 20	3%
More than 20	97%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

Teacher ratings indicated that 47 percent of the students improved their academic performance during the year, and 23 percent improved their school behavior. Twenty percent improved their school attendance, and 13 percent of the parents of BOOTS program participants became more involved in their children's education. GPAs were provided for 14 of the students, and 57 percent of them showed improvement. Thirty-five percent of the 17 students for whom absence and tardiness data were reported had fewer absences, and 31 percent were less often tardy. Of the four students with office referrals at baseline, all improved their disciplinary records, and three of the four students who had been suspended during the quarter prior to RTL participation improved their disciplinary records in this regard.

Second-year follow-up GPA data were available for 24 students. Forty-six percent improved their GPAs between the spring quarter of 1998 and the spring quarter of 1999, 54 percent had fewer absences, and 100 percent of the 17 students who had received office referrals for inappropriate behavior improved in this regard. Eighty-nine percent of the nine students who had received suspensions at baseline lowered their suspension rate.

Success Stories

The oldest son in the Jones family went through the BOOTS program during 1997–98 and made some very positive changes, but the family as a whole did not become very involved with the program staff. In 1998–99 the BOOTS program worked with the second oldest son. This time the mother began to share with staff certain needs and problems the family was facing. Staff were able to solve some of the problems and help the family access resources to meet some of their needs. The second son's active involvement in the BOOTS program resulted in improved grades and school attendance. He worked with teachers to improve his academic achievement, self-confidence, and his outlook on life. This young man is now motivated to accomplish anything that he sets his mind to.

A girl who went through the BOOTS program in the fall of 1998 was very introverted. The girl's family had been going through a difficult time, and she experienced severe crying outbursts that made attending school difficult. The girl achieved many firsts in the BOOTS program. She hiked for the first time, leaving the comfort and security of her family, and she completed ropes course activities that required her to trust the other girls in the group—a big challenge for her. In November, at the end of her time in the BOOTS program, completed a challenging three-day hiking trip on the coast. By meeting the challenges that arose, this girl learned more about herself and what she could achieve.

The BOOTS program served 30 families in 1998–99. Sixty-six percent were two-parent families (both parents or parent and stepparent) and 25 percent were single parent families. All of the families received some services related to meeting basic needs such as food assistance, transportation to appointments, and legal assistance. The program directly provided health services, including health screenings and nutritional counseling, to 28 of the 30 families. The same number of families experienced outcomes related to family functioning and mental health as a result of participation in the BOOTS program. For

97 percent of the families these outcomes included improved family communication, home behavior, school behavior, anger management, social skills, support, and coping skills. Ten percent of the families completed alcohol and drug treatment and participated in support groups.

During the 1998–99 school year the BOOTS program provided 37 group services to a total of 1,001 participants. Four activities that involved a total of 190 participants provided information about RTL services. Sixty-one participants attended two activities that provided information about social services available in the community. The program conducted seven events designed to reduce substance abuse or violence in the community. A total of 173 participants attended these events. The BOOTS program held five sessions that helped parents improve their parenting skills. Approximately 85 parents attended each of the five sessions. The program held two sessions, one for 250 students and another for 75 community members, that addressed ways to improve students' academic skills. A total of 64 students participated in seven BOOTS social and recreational activities such as day and overnight hikes and ropes course events.

Lopez Family Resource Center

Lopez Island School District

1997 Grantee

$43,200 in 1998–99

Introduction

On the small, remote island of Lopez in San Juan County, the Lopez Family Resource Center is the only place where children and families receive a variety of services and programs that are family focused. Because the majority of social services are based in the county seat, which is over one hour away on infrequent ferries, service delivery to children and families is fragmented and difficult. The Lopez Family Resource Center's mission is to foster the protective factors of healthy beliefs, clear standards, and positive intergenerational bonding through the direct provision of services and collaboration with other programs.

In 1997 the program staff convened the Lopez Island Consortium, hired two family advocates, and opened the center's doors to children and families. Program staff conducted focus groups with community members to determine the services the center would offer. As a result, the center offered weekly play groups for children, parent time, daytime and evening parenting classes, and evening grandparent support groups. The lending library in the center offers books, films, magazines, articles, and other resources on parenting and other topics. The center holds daily drop-in hours during which individuals or families can ask questions, receive assistance and information on accessing community resources, meet other parents and children, or browse through the library. During 1998–99 center staff established discussion groups for teens, an after-school program, and a mentoring program that matches at-risk children with community volunteers.

Consortium and Collaborative Agreements

The Lopez Island Consortium, which includes representatives from the Lopez Island School District, the San Juan County Sheriff's Department, the Department of Juvenile Justice, Domestic Violence and Sexual Assault Services, the Early Childhood Education and Assistance Program, and the San Juan County Community Network, oversees the Lopez Family Resource Center. The Lopez Island Consortium meets once a month to network and focus on goals and service coordination. Because most county services are based on San

Juan Island, coordinating consortium meetings for representatives from all of the concerned service providers and agencies is difficult. In 1998–99 Lopez Family Resource Center staff worked with service providers on other islands in San Juan County to form a countywide consortium that meets quarterly. This consortium includes representatives from key county agencies, such as the Department of Social and Health Services and the Employment Security Department, and ensures that these representatives and Lopez Island service providers meet at least four times a year. These consortia provide a network of agencies that previously did not exist in the community.

Services to Children and Families

During 1998–99 the Lopez Family Resource Center provided services to ten families, including 15 children. The families' average size was 3.4 and most (80 percent) of the households were led by a single parent. Program staff worked with most (64 percent) of the families fewer than six times during the year. Seventy-three percent of the children served were in kindergarten through Grade 5. The most common reasons for referral to the center were family issues (93 percent) and school problems (73 percent). Teachers were the main source of referrals (53 percent of referrals). Twenty-seven percent of the referrals were made by counselors, and 20 percent of the children self-referred to the center.

Participating Families[1]	
1997–98	34
1998–99	10
Areas of Service to Families[2]	
Basic needs	90%
Child education	90%
Family functioning or mental health	80%
Parent involvement	60%
Physical health	80%
Adult education or employment services	30%
Reasons Children Referred[2,3]	
School problems	73%
Family issues	93%
Physical health needs	7%
Mental health needs	0%
Other	7%
Grade Level[2]	
K–5	73%
6–8	13%
9–12	7%
Family Characteristics[2]	
Two parent	13%
Single parent	80%
Other	7%
Number of Days Child Was Served[2]	
Less than 6	64%
6 to 20	36%
More than 20	0%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

The Lopez Family Resource Center provided services to most families in the areas of children's education (90 percent of all families), basic needs (90 percent), health (80 percent), and family functioning and mental health (80 percent). Staff provided tutoring, student advocacy, adult or peer mentoring, summer activities, and school supplies for 80 percent of the families. Staff also provided after-school activities for 70 percent of the families and academic counseling for 60 percent. The basic needs services that staff provided or referred families to included school lunch or breakfast (80 percent), holiday food or gift baskets (80 percent), and food assistance (60 percent). Families also received referrals to health insurance (60 percent of the families), health screenings (40 percent), and hearing or vision screenings (40 percent). In addition, 50 percent of the families received family counseling referrals and 40 percent received child counseling referrals.

Success Stories

The school counselor, a teacher, and other school personnel referred a girl in Grade 7, the girl's brother in Grade 4, and the children's mother to the Family Resource Center after the family moved to Lopez Island. Both of the children were struggling academically and were withdrawn and sullen. The family advocate met with the family and learned that basic family needs were unmet, but the mother expressed a distrust of "systems." The family advocate arranged for health screenings for both of the children, provided transportation to dental and vision appointments, and made sure that the older child received asthma medications. Within a short period of time, the family advocate had gained the trust of the family. The mother has more social support than before and her self-esteem is improving. She is interested in parenting classes. Mentors assist both children, who began participating in after-school activities. With the family advocate's assistance, the son was able to participate in a class field trip. The children are more successful academically and socially, and the entire family seems more stable.

Outcomes for Children and Families

According to Lopez Family Resource Center staff, all of the families who received services achieved outcomes in the areas of their children's education, family functioning and mental health, and basic needs. Children became involved in positive activities (in 99 percent of the families), improved their school behavior (70 percent), and improved their academic skills (60 percent). All of the families became involved in positive activities, improved their social supports (90 percent), improved their self-esteem (90 percent), participated in prevention activities (80 percent), and improved communication with service providers (70 percent). Families also achieved outcomes related to basic needs. Seventy percent obtained food assistance, 60 percent obtained free or reduced-price lunch, and 50 percent obtained transportation.

Complete teacher ratings were submitted for seven elementary school students who were new to the Lopez Family Resource Center in 1998–99. Teachers reported that 29 percent of these students slightly improved their academic performance. Similarly, teachers rated 14 percent of children as having slightly improved their school behavior. No change in attendance was observed. Teachers indicated that parents of the children rated greatly increased their involvement in their child's education.

Program staff also provided 36 group activities or services that reached approximately 604 participants during the 1998–99 school year. These efforts included an informational newsletters that was mailed to 258 community members, two activities focused on improving academic skills, and a recreational activity.

Orcas Island Children's House Family Resources

Orcas Island School District

1997 Grantee

$43,200 in 1998–99

Introduction

Orcas Island Children's House Family Resources serves children and families in the Orcas Island School District which comprises the only elementary, middle, and high schools on the island. Living on a small, rural island is idyllic in many ways, but the geographic isolation presents barriers that prevent families with few resources from successfully accessing support services. Orcas Island covers approximately 52 square miles and encompasses five villages with a total population of around 4,000. The ferry trip to the mainland is at least 1.5 hours, and waiting two to four hours for the ferry is not unusual, which makes a trip to the mainland for needed assistance, classes, information, or supplies an all-day effort.

The population of San Juan County has been growing for the past two decades, and schools on Orcas Island have noticed an influx of families with at-risk children, which impacts the entire community. Orcas Island Children's House Family Resources directs its services toward families with children of all ages, and RTL plays an important role in the continuum of family support by providing services to families of school-aged children. As the oldest nonprofit social service agency in San Juan County, Children's House plays a key role for families on the island by providing quality, licensed preschool and day care for children aged six weeks to six years and family support. Orcas Island Children's House Family Resources is a distinct and valuable asset to the community as the one organization that brokers social services to families with children aged newborn to 19. The combination of family advocacy services, home visits for parents of infants, a broad range of classes, and drop-in services is a powerful delivery model for family support and the prevention of child abuse and neglect that previously did not exist in the community. The program operates on the premise that families function as part of a total system—children cannot be viewed as separate from their families and families cannot be viewed as separate from their communities. Staff believe that as families are supported, an environment for children is created that inherently assures the children's chances of success in school. Orcas Island

Children's House Family Resources works collaboratively with other agencies and service providers to optimize the opportunities for families to become strong, safe, and healthy.

The program provides individual services to children and families, and family advocates and professionals in the community offer parenting and life skills classes to promote a stronger social network for parents. In conjunction with the Primary Intervention Program, United Way, and private foundations, Orcas Island Children's House Family Resources offers classes across the continuum of parenting, beginning with the childbirth preparation and the Infant Parenting Class series. In 1998–99 the center experienced a twofold increase in parent participation. Thirty-seven parents participated in the childbirth preparation class and 41 parents participated in the two infant parenting class series. Other class series offered for parents, family members, and teens include How to Talk to Kids, Preparing for the Drug-Free Years, Active Parenting of Teens, Managing Conflict in Your Family, Budgeting: the Art of Managing Your Money, and Communication: Talkin' About Listening. The program also maintains an extensive parenting library and a housing information center, conducts home visits, and offers parent support groups and activity time for parents and children.

In 1998–99 Orcas Island Children's House Family Resources sponsored a series of communitywide meetings and information panels on teen alcohol and other drug abuse. These meetings resulted in the formation of the Prevention Task Force. In spring 1999 the task force completed a risk and protective factor training and assessment of the community and developed strategies to reduce youth substance abuse and strengthen the community and its teens.

Consortium and Collaborative Agreements

Nearly all of the community agencies that address the needs of at-risk families on Orcas Island are represented on Orcas Island Children's House Family Resources Consortium. In addition to the schools' principals, members include San Juan County Health and Human Services, the private industry council, the Department of Social and Health Services, the Early Childhood Education and Assistance Program, the Orcas Island Primary Intervention Program, Mentor Project, Orcas Island Children's House, Orcas Island Medical Center, Kaleidoscope Preschool, Orcas Pediatrics, Domestic Violence and Sexual Assault Services, North Islands Counseling and Psychotherapy, a certified social worker, a marriage and family therapist, and the family resource center advocates.

The consortium formed in fall 1997 to serve as the main policymaking body for the program. The consortium meets monthly to provide program guidance and review effectiveness of programming, develop policy, assess family and children needs in the community, explore funding sources, and enhance family support through collaboration. The program manager and several Orcas Island agencies participate in quarterly meetings of the San Juan Community Network Board. These meetings include staff from key county and state agencies and family resource centers on other islands in San Juan County.

Several new programs or activities have been created on Orcas Island as a result of collaboration with Orcas Island Children's House Family Resources. The program was a lead player in promoting and coordinating alcohol and other drug prevention activities, providing family support to address behavioral and academic problems, preventing child abuse and neglect, developing a neighborhood coalition with the Prevention Task Force, and increasing social support networks for families through parent education, support groups, family advocacy, and family teams.

Services to Children and Families

Orcas Island Children's House Family Resources uses the individualized and tailored care (ITC) model of family support to assess and address family needs. Use of this model—which unites a family's informal social supports, agencies that provide direct services, and school staff—enhances the coordination of services for families.

Participating Families[1]	
1997–98	26
1998–99	24
Areas of Service to Families[2]	
Basic needs	75%
Child education	71%
Family functioning or mental health	83%
Parent involvement	75%
Physical health	58%
Adult education or employment services	46%
Reasons Children Referred[2,3]	
School problems	55%
Family issues	95%
Physical health needs	45%
Mental health needs	36%
Other	14%
Grade Level[2]	
Preschool	16%
K–5	44%
6–8	20%
9–12	20%
Family Characteristics[2]	
Two parent	41%
Single parent	59%
Other	0%
Number of Days Child Was Served[2]	
Less than 6	13%
6 to 20	63%
More than 20	25%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

In 1998–99 the center served 24 families, including 22 children. Fifty-nine percent of the households served were led by a single parent. The average family size was 3.4. Family advocates averaged 13.8 contacts with each family, although they worked with 25 percent of the families more than 20 times. Sixteen percent of the children who participated in program services were in preschool, 44 percent were in kindergarten through Grade 5, 20 percent were in Grades 6–8, and 20 percent were in Grades 9–12. Most of the children were referred to the center for family issues (95 percent), school problems (55 percent), physical health needs (45 percent), or mental health needs (36 percent). Forty-three percent of the children self-referred to the program, 24 percent were referred by a teacher, and the others were referred by an administrator or service provider.

Outcomes for Children and Families

To address families' needs, in 1998–99 Orcas Island Children's House Family Resources concentrated its services to families in the areas of family functioning and mental health (83 percent of all families received services in this area), parent involvement (75 percent), basic needs (75 percent), and children's education (71 percent). Family advocates referred 58 percent of the families to child counseling services, 54 percent to parent counseling services, and 46 percent to family counseling services. The parent involvement services that family advocates referred or provided included parenting education (67 percent), parent support groups (33 percent), and parent and child involvement activities (29 percent). Family advocates referred families to other agencies for basic necessities such as child care (42 percent), holiday food or gift baskets (38 percent), housing services (33 percent), and food assistance (33 percent). Family advocates also referred families to agencies for adult or peer mentoring services (46 percent), behavior interventions (42 percent), and peer support groups (25 percent).

Success Stories

The three Adam boys were first referred to Orcas Island Children's House Family Resources when they moved to Orcas Island to live with a relative because their parents were unable to care for them. A family advocate provided social support, financial, and counseling resources. When the boys' mother finally joined them, she began working with the family advocate. She found a job and feels proud of her increased independence. She also began to address her children's feelings of abandonment. The mother and family advocate worked together to obtain basic resources, including food, shelter, garbage disposal, and medical and dental care and discussed child care safety issues and parenting skills. A family team that formed to assess the family's strengths and needs included a teacher, family friend, and juvenile probation officer. The family received help resolving legal issues and secured adequate low-income housing. Two of the boys received counseling to deal with anger issues. Their behavior in school has improved, and they feel more connected to the community.

The areas that most families achieved outcomes were family functioning and mental health (67 percent of all families), basic needs (67 percent), and parent involvement (54 percent). Forty-two percent of the families improved their communication skills, 38 percent showed fewer signs of depression, 33 percent improved their self-esteem, 33 percent improved their coping skills, and 33 percent improved their social supports. Families also obtained child care (38 percent), obtained food assistance (33 percent), and obtained clothing assistance (29 percent). Children improved their school behavior in 29 percent of the families and improved their educational plans in 21 percent of the families.

Complete teacher ratings were submitted for eight elementary students who received program services in 1998–99. Teachers indicated that 29 percent of these students showed slight improvement in academic performance between intake and follow-up, although no overall net gain was achieved. Fifty percent of the students showed improvements in school behavior. Teachers reported that the parents of 67 percent of the children increased their involvement in their children's education during the school year. The school record information was submitted for middle and high school students was insufficient for analysis.

During the 1998–99 school year family advocates offered 28 group activities that served approximately 430 participants. Seventeen activities aimed to improve parenting skills, five activities reduced substance abuse and violence, and two sessions improved physical and mental health. Family advocates conducted four events to raise awareness about RTL.

Shaw Middle School Community School Program

Spokane School District

1997 Grantee
$48,000 in 1998–99

Introduction

The overall focus of the Community School Program at Shaw Middle School in Spokane is to support children and families in school success, targeting the transition from elementary to middle school. This Readiness to Learn program uses a community school approach to addressing the needs of the students and their families, as well as the needs of the Hillyard neighborhood in which the school is located. Hillyard is among the three districts in Washington State with the greatest number of people on public assistance. A high percentage of people in the area live below the poverty level, and 40 percent of the area's population is not in the labor force. A recent community needs assessment showed youth services to be a priority need for the neighborhood. Forty-one percent of the community members assessed had been victims of youth crime in the past year. The Community School Program addresses this need through extended school day activities and study programs, a summer academy, an open gym program after school and on Friday nights, and through school-based case management services that link families and children to social service agencies in the community.

Consortium and Interagency Agreements

In 1998–99 the Shaw Middle School Community School Program consortium was composed of 20 members, including the Department of Social and Health Services, the Children's Home Society, the Northeast Community Center, Lutheran Social Services, the Spokane County Department of Mental Health, Breakthrough for Families (a local family services organization), the parent coalition, the Drug and Alcohol Department at Deaconess Hospital, ESD 101, and the Job Training Partnership Act program. Coalition members serve as referral sources and participate in program planning and grant writing. Prior to the establishment of the consortium, communication among social service agencies occurred on a case-by-case basis in response to particular needs or crises. Agencies are now more proactive in avoiding overlaps in service delivery and providing community and school activities designed to build resiliency in students and families. With the linkages that have been established, consortium members believe that they would continue to collaborate even without the impetus of the RTL program.

Shaw Middle School has developed a formal agreement with Eastern Washington University's Educational Social Work and Applied Psychology Departments to train the university student interns who work with the middle school students and their families through the RTL program. The university provides a school social worker to supervise the interns who collaborate with school and district staff to provide case management services, facilitate groups events and meetings, and help students and their families identify their strengths and obtain needed services. The Spokane County Department of Mental Health provides referral resources for Shaw Middle School students and families and provides a school-based mental health worker.

Services to Children and Families

Shaw Middle School serves the poorest and the most ethnically diverse population in Spokane School District. Seventy-five percent of the school's students qualify for free or reduced-price lunches and the students come from 11 language backgrounds. The yearly student mobility rate is 40 percent. To better address the needs of the school and community, the principal has implemented site-based management, which entails obtaining union and district variances to allow for planning and collaboration time in the morning before school, to extend the school day, and to pay the summer program staff. Staff commitment to the community school effort has been demonstrated by their agreement to work in the program's summer academy for less money than union wages.

The consortium has identified a need in the community for free workshops on issues related to working with at-risk youth. Nonprofit and other agencies, educators, and parents could benefit from such training. In 1998–99 the program conducted two "sexually reactive youth" workshops (attended by a total of 200 agency members) and a workshop on staying strong and healthy in the workplace (attended by 30 staff and community members) and provided summer job shadowing opportunities for students. The program also involved three future teachers from the high school teaching academy in the Shaw Middle School summer academy and provided an after-school program at Shaw Middle School two nights a week for 20 weeks. Consortium members collaborated to prepare an application for a 21st Century Schools grant.

The Shaw Middle School Community School Program provides funding for extended school day program staff and a summer program. At-risk children are referred to the program by school staff, parents, or themselves. The students' needs are assessed using a survey developed by the student interns. Although parents' needs are not assessed formally, individual family needs are addressed through the network of consortium members and by mental health consultants who used the individualized and tailored care (ITC) method—a strengths model that helps families identify and extend their support systems. Interns provide training in mediation and conflict resolution. During the 1998–99 school year 35 students participated in weekly hour-long counseling sessions over the course of nine weeks.

In 1998–99 the Community School Program used a blended services approach to provide extended school day services to 155 students. The extended school day program ran from 2:50 until 5 p.m. Monday through Thursday during the school year. An after-school study club was available to students who were behind in their assignments or who needed help building skills. Elective arts classes served ten students two afternoons a week for three weeks and crafts classes involved 20 students one evening a week for five weeks. Spanish classes were offered two afternoons a week for nine weeks. The school library and technology lab was open two evenings a week for 21 weeks, serving 336 students (an average of eight students a session). COPS, a volunteer organization of off-duty police officers, and Shaw Middle School staff operated an open gym after school and on two Friday

Participating Families[1]	
1997–98	237
1998–99	119
Areas of Service to Families[2]	
Basic needs	82%
Child education	95%
Family functioning or mental health	43%
Parent involvement	1%
Physical health	0%
Adult education or employment services	0%
Reasons Children Referred[2,3]	
School problems	84%
Family issues	11%
Physical health needs	0%
Mental health needs	0%
Other	9%
Grade Level[2]	
Preschool	0%
K–5	0%
6–8	100%
9–12	0%
Family Characteristics[2]	
Two parent	43%
Single parent	53%
Other	4%
Number of Days Child Was Served[2]	
Less than 6	3%
6 to 20	44%
More than 20	53%

[1] Some families served in more than one year.
[2] In 1998–99.
[3] Because children were referred for multiple reasons, percentages do not add to 100.

nights a month. In 1998–99 the program involved an average of 350 students and 30 parents in the open gym events. A job shadowing program involved students in fieldtrips to help them explore vocational options and to provide valuable life experiences.

The Shaw Middle School Community School Program uses its resources to develop after-school programs to help children improve academically and to provide positive evening recreational programs for students and families. In 1998–99 the program served 128 students in various group settings. Most of the services were provided directly by the program. School counselors referred 83 percent of the students to the program. Twelve percent of the students self-referred and 5 percent were referred by teachers. Primary reasons for referral included academic problems (77 percent), family issues (11 percent), school behavior problems (9 percent), and poor attendance (5 percent). All of the 128 students served by the program in 1998–99 were in Grades 7 and 8. Fifty-three percent of the children came from single-parent families.

Success Stories

Amanda and Samantha are Grade 7 twins. Their family, led by a single parent, was extremely dysfunctional. An older sibling was involved with drugs and the twins received all Fs on their first quarter report cards. Amanda and Samantha were referred to the extended day program because of their low academic achievement. The older sibling was referred to drug treatment and the parent received support services through the RTL consortium. The extended day program helped Amanda and Samantha do better in school and both are passing all of their classes. The older sibling completed drug treatment and seems to be drug free.

Forty-three percent of the students whose school records were obtained had improved their GPAs between spring quarter 1998 and spring quarter 1999. Only 11 percent of the students improved their attendance, but 28 percent were tardy less often than before participating in the program. Of the 12 students with suspensions at baseline, 58 percent received fewer suspensions after participating in the program. All four students who had received disciplinary office referrals had fewer referrals at follow-up.

Shaw Middle School provided information on 72 students served by the program for a second year in 1998–99. Fifty-four percent of these students showed some improvement over the two-year period. Thirteen percent of the 72 students improved their school attendance, and 67 percent of the six students with office referrals during the reporting period improved their discipline records, although the average number of referrals for the group did not decrease. Attendance data for 69 of the 72 students indicated very little improvement during the second follow-up year.

In 1998—99 the Community School Program began providing services to families. The program served 119 families, 43 percent of which were two-parent families (both parents or parent and stepparent) and 53 percent of which were single parent families. For 95 percent of the families these services were directed toward meeting needs related to children's education. Eighty-two percent of the families received services related to basic needs, and 43 percent participated in services related to family functioning or mental health. Thirteen families received family counseling and the parents in two families became involved with alcohol and drug support groups. Six families received alcohol and drug support services for their children. Outcomes included improved school behavior, social support, and family communication.